



Text Change Application

INFORMATION	
Requested Text Change (must include draft language for the new text; attach additional pages if necessary)	
APPLICANT INFORMATION	
Name of Applicant:	
Address of Applicant:	
Email of Applicant:	Phone:
Applicants Affiliation with the proposal:	
<input type="checkbox"/> Owner <input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Other	

OFFICE USE ONLY			
Date Received:	Received By:	File Number:	Fee:
Zone:	Assigned Planner:		Receipt #