Fax: 919-542-2698

Tel: 919-542-8204

TEXT AMENDMENT REQUEST APPLICATION

(1)	Applicant Information:		
	Name Brian Bock		
	Address PO Box 1809		
	ETHNOOLU, INC. Z./ TLZ.		
	Phone No: (H) (W) 919/542-8200 (M)		
	(M) (M)		
	(112)	 ,	
(2)	Name of Ordinance for Text Amendment	t:Zoning Ordinance	
(3)	Text of Ordinance to be varied:		
	Section _17.1 Page83	Section	Page
	Existing Language: Requests for conditional use permits as aut the same format as set forth in this Ordinar Chatham County Environmental Review B assessment and the Chatham County Appe	nce for rezoning requests Board for those projects re	(with the addition of review by the equired to have an environmental impact
	Requested Language Change: Requests for conditional use permits as aut the same format as set forth in this Ordinar Chatham County Environmental Review B assessment and the Chatham County Appe	nce for rezoning requests Soard for those projects re	(with the addition of review by the equired to have an environmental impact
(4)	Reasons for the requested text amendment: In the space below and on additional paper if needed, describe the reasons for the request and why you think it is justified. Board of Commissioner action taken at the regularly scheduled meeting on June 6, 2011.		
	by certify that I am making application for a lete and the statements given are true to the	the landowner or myself	and that the information provided is
	5-Thenh		6/6/2011 Date
	Signature		Date
	Owner/Authorized Agent		
The f	ollowing must be signed by the owner if per	rson other than the owne	r is making this application.
	by certify that		l agent for said property and is an
autho	rized agent for said property and is permitte	ed by me to file this appli	ication.
	0 2 6	<u></u>	Doto
	Owner's Signature		Date