



TOWN OF LILLINGTON  
**TEXT AMENDMENT APPLICATION**

Planning & Inspections Department  
102 East Front Street, PO Box 296 Lillington NC 27546  
• phone 910-893-0311 • fax 910-893-3693  
lillingtonnc.org

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**PROCESS INFORMATION:**

**Submission Requirement:** A petition for a text amendment to the Town's Unified Development Ordinance shall be filed with the Administrator. Such petition shall contain all the information required on this form and must be determined to be complete by the Administrator prior to advancing it through the approval process.

**Public Notification:** This is a legislative process that requires a public hearing.

**Review Process:** Per Section 7 of the Lillington Unified Development Ordinance (UDO), all applications are to be reviewed for compliance by the Administrator and then forwarded for to the Planning Board (review) and Board of Commissioners (decision) for consideration.

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**FILING INSTRUCTIONS:**

- \_\_\_\_\_ Every applicant for a text amendment is required to meet with the Administrator in a pre-application conference prior to the submittal of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application.
- \_\_\_\_\_ A petitioner must complete this application in full. This application will not be processed unless all information requested is provided.
- \_\_\_\_\_ The filing fee. *Town of Lillington fees and charges are subject to change without notice.*

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**APPLICANT INFORMATION:**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**SIGNATURE:**

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, with the understanding that any incorrect information submitted may result in the delay or rescheduling of the required public hearing and may result in the revocation of this application. I hereby authorize the Town of Lillington to review this request, visit the site, and contact any appropriate design professional in relation to questions generated as a result of the review.

\_\_\_\_\_  
Applicant Print Name                      Applicant Signature                      Date

**AMENDMENT REQUEST:**

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UDO Article & Section for proposed amendment (be specific): \_\_\_\_\_

\_\_\_\_\_

Description of requested amendment (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**FOR TOWN OF LILLINGTON USE ONLY**

\_\_\_\_\_ Approval    \_\_\_\_\_ Denial

Permit Number: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_