

TEXT AMENDMENT APPLICATION

TOWN OF OAK ISLAND
Planning Department
4601 E. Oak Island Drive
Oak Island, NC 28465



Date: _____

Fee: _____

Project Name (if applicable): _____

Any application for an amendment shall be filed with the department of development services at least 45 days prior to the date on which it is to be introduced to the planning board. Each application shall be signed by the property owner or the property owner's agent and be in triplicate. (Sec. 18-335).

PROCESS

This is a legislative decision, anyone can appeal since a text amendment applies to the whole town. A council member cannot vote on a text amendment if there is a conflict of interest. A public hearing is required, notice of hearing and Planning Board review is mandatory, governing board cannot act on an amendment without written recommendation from Planning Board or on a text amendment. Can appeal for up to 6 months to a year afterward. The application first goes to the Planning Board for recommendation and then to Council for final approval. A written statement by Council or the Board of Commissioners is required for adoption or rejection of all zoning text amendments.

The Planning Board and Town Council may consider consistency with the Land Use Plan as well as any unintended consequences while deciding.

SECTION 1: APPLICANT INFORMATION

Petitioner Name: _____

Mailing Address:

Phone: _____

Email: _____

SECTION 2: PROPERTY OWNER INFORMATION (IF DIFFERENT THAN ABOVE)

Owner Name(s): _____

Mailing Address:

Phone: _____

Email: _____

SECTION 3: STATEMENT OF JUSTIFICATION (APPROX. 1 PAGE)

Is the proposed zoning consistent with the Land Use Plan? (Please Check One): Yes No

Please describe why the Board should vote in your favor. As well as why this change would be advantageous for the Town of Oak Island.

(Attach separate sheet if necessary). **Note: The Oak Island Land Use Plan and all maps can be found online at <http://www.oakislandnc.com/General-Info.aspx>*

SECTION 4: APPLICANT/OWNER SIGNATURE

In filing this text amendment application, I hereby certify that I am authorized to submit this application and that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Signature: _____

Date: _____