



Department of Community Development

PO Box 8369
1240 Duck Road, Suite 106
Town of Duck, North Carolina 27949
(252) 255-1234

ZONING TEXT/ZONING MAP AMENDMENT APPLICATION

Applicant: _____ Date: _____

Mailing Address: _____

Telephone #: _____ Email: _____

Project Representative (if different from applicant): _____

Project Representative Telephone #: _____ Email: _____

Type of Request

Zoning Map Amendment (Fee \$750 plus \$500/acre or any fraction thereof beyond one acre)

Property Address _____ PIN # _____

Existing Zoning Designation _____ Proposed Zoning Designation _____

Zoning Text Amendment (Fee \$350)

Zoning Ordinance Section to be amended _____

Please include proposed text amendment language here (you may attach proposed language in ordinance form if additional space is needed)

Reason for map/text amendment request:

Applicant Signature

Property Owner Signature (if different from applicant)

A complete application shall be submitted to the Town of Duck Planning Office no later than the twentieth day of the month preceding the next regular Planning Board meeting (2nd Wednesday of each month) along with the appropriate fee as listed above. Checks shall be made payable to the Town of Duck.

FOR OFFICE USE ONLY	
Proposal received _____	Received by _____
Fee Paid _____	Receipt No. _____