

Date Received	
Date i tocolitoa	

CITY OF GREENVILLE ZONING ORDINANCE TEXT AMENDMENT APPLICATION

Applicant Name(s)		
Mailing Address		
Mailing Address		
Contact Phone Number ()		
Contact Fax Number ()		
Zoning Ordinance Section Proposed to be Am	nended:	
Reason for Request:		
Proposed Language of Text Amendment (atta	ach additional pages if needed):	
		
Driet Nove	Cignature of Applies of	Dete
Print Name	Signature of Applicant	Date

Zoning Ordinance Text Amendment applications must be accompanied by an application fee payment of \$495.00 before the application deadline.