



Rowan County Department of
Planning & Development
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Case # STA
Date Filed _____
Received By _____
Amount Paid _____

Office Use Only

SUBDIVISION TEXT AMENDMENT APPLICATION

APPLICANT INFORMATION

Name: _____
Signature: _____
Phone: _____ Email: _____
Address: _____

AGENT INFORMATION:

Name: _____
Signature: _____
Phone: _____ Email: _____
Address: _____

SECTION(S) _____

DESCRIPTION OF REQUESTED CHANGE:

OFFICIAL USE ONLY

1. Signature of Coordinator: _____ 2. Planning Board Courtesy
Hearing: ____ / ____ / ____ 3. Planning Board Action: Approved _____ Denied _____ 4. Board of
Commissioners Public Hearing: ____ / ____ / ____ 5. Dates Advertised: 1st ____ / ____ / ____ 2nd ____ / ____ / ____
6. BOC Action: Approved _____ Denied _____ 7. Date Applicant Notified: ____ / ____ / ____