



# ZONING MAP AMENDMENT APPLICATION

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

## FOR STAFF USE ONLY

PROJECT \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

FEE AMOUNT \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

REVIEW DATE \_\_\_\_\_

PLANNING BOARD DATE \_\_\_\_\_

**Applicant's Relationship to the Property Owner** (Check the one that applies):

- ☐ Owner
- ☐ Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)
- ☐ Developer (must attach Affidavit of owner's permission for this action)
- ☐ Other, specify (must attach Affidavit of owner's permission for this action)  
\_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_ **Acreage/Sq. Ft.** \_\_\_\_\_

**Existing Zoning:** \_\_\_\_\_ **Proposed Zoning:** \_\_\_\_\_

**NOTE:** The following items must be submitted and checked off in order for this application to be deemed complete. Incomplete applications will not be reviewed or processed.

Applicant	Zoning Officer	
		A. Legal description of the property.
		B. An accurate diagram of the proposed rezoning showing:
		1. All property lines with dimensions, distances of lot from the nearest intersection, and north arrow.
		2. Adjoining streets with rights-of-way and pavement widths.
		3. Existing location of buildings on lot.
		4. Zoning classification of all adjoining properties (adjoining properties shall be construed to mean and include properties on the opposite side of any street, stream, railroad, road or highway from the property sought to be rezoned).

I do hereby certify that all information that I have provided in this application is correct and complete to the best of my knowledge. I understand that providing false or incomplete information may be grounds for denial of my request or may result in future action by the City Council to reverse any favorable decision based upon this request. **The deadline to submit this application is twenty-one (21) days prior to the meeting at which it is to reviewed.**

By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).

\_\_\_\_\_  
Applicant-Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant-Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner-Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner-Signed

\_\_\_\_\_  
Date