

APPLICATION FOR ZONING MAP AMENDMENT

(Please read the application thoroughly before completing. Incomplete or illegible applications will not be accepted.)

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The applicant requests that the County of Stanly Zoning Map be amended as indicated below.

Additional information may be provided and attached to this application.

Applications must be submitted and reviewed by the Planning Department, 1000 N. First Street, Suite 13B., Albemarle, NC 28001 for completeness prior to acceptance. Fees payable to the County of Stanly must accompany the petition.

Once an application is deemed complete, the request will be scheduled for the next possible regular Planning Board meeting. The applicant or his/her representative should be present at the meeting to answer any questions. Planning Board meetings are normally held on the second (2nd) Monday of each month at 6:30 P.M. in the Gene McIntyre Meeting Room located at the Stanly County Commons Building, 1000 N. First Street, Albemarle, NC 28001. Applicants will be informed of any changes in date, time, or location of meetings. Applications and supplementary information must be received at least 11 working days prior to the scheduled meeting date to allow time for processing as required by the General Statutes of North Carolina.

PLEASE PRINT

Name of Applicant: _____

Address : _____

Phone Number: _____

Email Address: _____

Owner Name (if Different): _____

Address: _____

Email Address: _____

Address(s) of Requested Site: _____

Tax Parcel #(s): _____

Acreage/Sq. Ft: _____ Existing Zone _____ Requested Zone _____

Is the property in the flood zone?

Yes No

If you plan to encroach on the flood zone area with structures, you will need to speak with the Stanly County Floodplain Manager

Please check those that serve or will serve the property:

Public Sewer Public Water Well Septic System None of the these

Do you know where your septic system is located, if so please explain the location below:

If the property is served/or will be served by a septic system or well have you spoken with Environmental Health:

Yes No

*** If applicable, we suggest you get the Env. Health Assessment done prior to submitting your rezoning application***

Please explain the purpose of the proposed rezoning: _____

Signature of Applicant: _____ Date _____

Signature of Owner _____ Date _____
(if owner is not applicant)

The steps in the boxes below correspond with a detailed description of each step of the process :

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|--|
| 1. Technical Review Committee meeting (optional) |
| 2. Application submitted & fee received |
| 3. Notice of Planning Board meeting |
| 4. Planning Board meeting held & recommendation made |
| 5. Notice of County Commissioner legislative hearing |
| 6. County Commissioner legislative hearing & decision |

PLANNING AND ZONING BOARD

Date _____

Approved Denied

Comments: _____

COMMISSIONERS MEETING

Date _____

ADVERTISEMENT DATES: _____

Approved Denied

Comments: _____

* * * * *

Received & Reviewed by: _____

Title: _____

Date: _____