

APPLICATION FOR A GENERAL REZONING
County of Edgecombe



Date: _____

Application Number _____

I (We), the undersigned, do hereby make application to and petition the Edgecombe County Board of Commissioners to rezone the property identified below in accordance with Article VIII of the Unified Development Ordinance.

Property Location: _____

PIN: _____

A metes and bounds description and a scaled map of the real property affected by the requested rezoning is attached to and made a part of this application.

It is requested that the real property herein described be rezoned from ____ to _____. The real property requested to be rezoned is owned by _____ as evidenced in deed from _____ recorded in Deed Book ____ Page ____ in the Edgecombe County Registry. The real property requested to be rezoned has a frontage of ____ feet on _____ and ____ feet on _____ and ____ feet _____, and contains ____ acres.

Attached to and made a part of this application is a listing of the names and mailing addresses of the record owners for real property tax purposes of all properties located within 100 feet of the property requested to be rezoned.

Applicant(s): _____

Signature: _____

Mailing Address: _____ Phone: _____

Property Owner(s): _____

Signature: _____

Mailing Address: _____ Phone: _____

Note: If the request is made by a corporation, the names and addresses of all officers in the corporation must be provided. The applicant or applicant's representative is expected to attend all meetings to answer questions concerning the rezoning request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Board of Commissioners.

Action Taken By Planning Board: _____ **Date:** _____

Comments: _____

Action Taken By Commissioners: _____ **Date:** _____

Final Action By Commissioners: _____ **Date:** _____

Comments: _____
