



REZONING APPLICATION PITT COUNTY, NORTH CAROLINA

1717 W. 5th Street
Greenville, NC 27834-1696
Phone: (252) 902-3250
Fax: (252) 830-2576

| Staff Use Only | |
|----------------|-------|
| Parcel #: | _____ |
| Appl. #: | _____ |
| Date Rec'd: | _____ |
| Fee Amt.: | _____ |

PLEASE NOTE YOU ARE STRONGLY ADVISED TO CONSULT WITH PLANNING STAFF REGARDING THIS REQUEST PRIOR TO SUBMITTAL

OWNER/APPLICANT INFORMATION

OWNER: _____ APPLICANT: _____
 ADDRESS: _____ ADDRESS: _____
 PHONE #: _____ PHONE #: _____

PROPERTY INFORMATION

PROPERTY LOCATION (Address or Description): _____
 PROPERTY SIZE (sq. ft. or acres): _____ ROAD FRONTAGE: _____
 METES AND BOUNDS DESCRIPTION AND SCALED MAP OF PROPERTY ATTACHED?: YES NO

REZONING REQUEST

EXISTING ZONING (check one):

- RURAL AGRICULTURAL (RA)
- RURAL RESIDENTIAL (RR)
- LOW DENSITY RESIDENTIAL (R40)
- SUBURBAN RESIDENTIAL (SR)
- MULTIFAMILY RESIDENTIA (MFR)
- RURAL COMMERCIAL (RC)
- OFFICE AND INSTITUTIONAL (OI)
- GENERAL COMMERCIAL (GC)
- HEAVY COMMERCIAL (HC)
- LIGHT INDUSTRIAL (LI)
- GENERAL INDUSTRIAL (GI)

PROPOSED ZONING (check one):

- RURAL AGRICULTURAL (RA)
- RURAL RESIDENTIAL (RR)
- LOW DENSITY RESIDENTIAL (R40)
- SUBURBAN RESIDENTIAL (SR)
- MULTIFAMILY RESIDENTIA (MFR)
- RURAL COMMERCIAL (RC)
- OFFICE AND INSTITUTIONAL (OI)
- GENERAL COMMERCIAL (GC)
- HEAVY COMMERCIAL (HC)
- LIGHT INDUSTRIAL (LI)
- GENERAL INDUSTRIAL (GI)

IS THIS REQUEST FOR A CONDITIONAL ZONING DISTRICT? YES NO

IF YES, PLEASE INDICATE ALL PROPOSED USES: _____

NOTE: Every petition for the reclassification of property to a CONDITIONAL ZONING DISTRICT shall be accompanied by a site plan containing the requisite information specified in Appendix B of the Pitt County Zoning Ordinance. In the course of evaluating the proposed use, the Board of Commissioners may request additional information deemed appropriate to provide a complete analysis of the proposal.

Application must be completed in full and returned with the application fee to the Planning Department at least twenty (20) days prior to the regularly scheduled public meeting for the purpose of zoning amendments. No application will be considered until all required information is submitted along with a metes and bounds description of the property and a scaled map. The undersigned states that all information given herein is true and authorizes county staff to enter onto the property to ensure all applicable rules and regulations are being met.

OWNER/APPLICANT SIGNATURE: _____ **DATE:** _____

NOTE: If the applicant is not the property owner, a notarized signature of the property owner is required on this application unless amendment is initiated by Pitt County.

I, _____, being the Owner of the property described herein, do hereby authorize _____ to initiate a rezoning request of this property.

Signature Date

Sworn to and subscribed before me, this the _____ day of _____, 20_____.

Notary Public

My Commission Expires:

| | |
|--|---------------------|
| PLANNING BOARD RECOMMENDATION: <input type="checkbox"/> APPROVED | MEETING DATE: _____ |
| <input type="checkbox"/> DENIED | |
| BOARD OF COMMISSIONERS DECISION: <input type="checkbox"/> APPROVED | MEETING DATE: _____ |
| <input type="checkbox"/> DENIED | |
| ZONING OFFICER SIGNATURE: _____ | DATE: _____ |
| CONDITIONS/COMMENTS: _____ | |
| _____ | |

