

Rezoning Request Application

INSTRUCTIONS FOR FILING AN APPLICATION FOR REZONING

1. An applicant for a zoning change must complete this application in full. This application will not be processed unless all information requested is provided.
2. The filing fee shall be \$125.00.
3. An accurate survey or plat of the property proposed for rezoning must accompany the application. **The survey must be completed by a registered land surveyor or professional engineer.**

The survey shall include:

- a) vicinity map;
 - b) north arrow in upper 180 degree quadrant;
 - c) all property lines with dimensions, metes and bounds;
 - d) location of all existing structures;
 - e) zoning classification of all surrounding property;
 - f) acreage;
 - g) existing and proposed zoning classifications of subject tract;
 - h) adjoining public and private streets with right-of-ways and paved widths, including future thoroughfares;
 - i) name of adjacent property owners shown within 100 feet;
 - j) name of landowners(s) requesting the zoning change;
 - k) name of person or firm preparing the map;
 - l) scale of 1" = 200'; or at an appropriate scale with an inset map at a scale of 1" = 200'; and
 - m) date of map
4. The applicant, or his duly authorized agent, shall submit to the Zoning Administrator the following:
 - a) one (1) completed application;
 - b) Two (2) paper copies of the map for staff review; and
 - c) list of all adjoining property owners and addresses within six hundred feet, in addition to right-of-ways, of the proposed zoning change. These adjoining property owners will be notified of the proposed zoning change by the Zoning Administrator.
 5. The application must be signed by the landowner(s) or by an authorized agent.
 6. Completed requests must be filed with the Zoning Administrator no later than the twenty five days prior to the Planning Board's meeting date, in order to be placed on the monthly agenda.

**TOWN OF HOBGOOD
PLANNING BOARD
REZONING REQUEST APPLICATION**

Please Type or Print.

Request No.: _____

Date _____

Fee: \$ 125.00

OWNERSHIP INFORMATION

Applicant: _____

Address: _____

Phone No: _____

Applicant's Legal Interest in the Property: _____

Owner: _____

Address: _____

Phone No: _____

Date Property Acquired: _____ Deed Reference: _____

PROPERTY INFORMATION

Tax Map: _____ Parcel Number: _____

Area (square feet or acres): _____

Current Land Use: _____

Location of Property: _____

LEGAL DESCRIPTION – attach.

ZONING REQUEST

Existing Zoning: _____ Requested Zoning: _____

Please state the reason(s) for zoning change and a statement regarding the changing conditions in the neighborhood and area surrounding the property under consideration that makes the proposed amendment reasonably necessary to the promotion of the public health, safety, and general welfare. (This cannot be a specific use you plan to make of the property; Use only general categories or ranges of uses.)

PROPERTY OWNERS WITHIN 600 FEET

LIST THE ADJOINING PROPERTY OWNERS WITHIN 600 FEET OF THE PROPERTY IN QUESTION. (NOTE: WHERE THE PROPERTY IS BOUND BY A STREET, ALLEY, STREAM, OR SIMILAR BOUNDARY, THE LAND OWNER ACROSS SUCH BOUNDARY SHALL ALSO BE CONSIDERED AS AN ADJOINING LAND OWNER.)

TO FIND LISTINGS OF ADJOINING PROPERTY OWNERS, FOLLOW THESE STEPS.

STEP 1. Please be prepared to assist the County Land Records Office/Tax Department staff with the owner(s) name and address of property in consideration.

STEP 2. Go to the Halifax County Land Records Office/Tax Department at 357 Ferrell Ln Halifax County North Carolina, show the attendant the owner(s) name and the address of the property under consideration, and ask the attendant to run off a map of the property that shows the adjacent property for at least 600 feet on all sides. The attendant can look up the owner(s) names, parcel numbers, and addresses for the lots within 600 feet of the subject property, or show you how to find the information on the land records computer.

STEP 3. Write down the name(s) of the owner of each of the adjacent lots within 600 feet on all sides, the parcel number of the lot, and the owner's entire address. If no address is listed, make a note to that effect.

❖ PLEASE NOTE: ACCURACY IS VERY IMPORTANT BECAUSE IF SOMEONE WITHIN 600 FEET OF THE PROPERTY IN QUESTION FAILS TO GET NOTIFIED, THE REQUEST MAY BE VOIDED EVEN IF THE BOARD VOTES IN YOUR FAVOR.

NAME	PARCEL NUMBER	ADDRESS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

(Use additional sheet if necessary)

OWNER/AGENT STATEMENT

I, _____, being the Owner or Agent acting on behalf of the owner request that the attached rezoning request of _____ be placed on the agenda of the Planning Board meeting scheduled for ____ / ____ / ____.

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information, and belief. I authorize the Town of Town Of Hobgood to place a sign on the property in question for the purpose of alerting the general public of my request, no less than seven (7) days prior to the meeting.

I understand that failure to address any item in these requirements may result in the rezoning not meeting the minimum submission requirements and will be returned to me for the revision and resubmission at the next regular review cycle.

Signature

Date

NOTE: Agents acting on behalf of property owners must submit a notarized letter from the property owner which gives them the authority to act on their behalf.

