

APPLICATION FOR ZONING CHANGE

Angier Planning Department 55 N. Broad Street W. Angier, NC 27501 (919)-331-6702



	Total Fee: \$400.00 Receipt: Permit: Date: Case #:	
Property Owner:	Applicant:	
Name Address City/State/Zip: E-mail: Phone:	Name: Address: City/State/Zip: E-mail: Phone:	
Property Description		
PIN(s): Address:	Acreage: acres	
Book: Page:		
Rezoning Request:		
Existing zoning district:	Requested zoning district:	

Required Attachments:

- Deed of the property in question showing the current legal owner
- Recorded map of the property OR Survey of the property at a scale of not less than one (1) inch = 200 feet
- Explanation of why the zoning change is requested, addressing applicable portions of Section 14.3 of the Ordinance

Signatures:

The	undersigned	applicant	hereby	certifies	that,	to	the	best	of	his	or	her	knowledge,	, all
infoı	rmation suppl	ied with thi	is applic	ation is tr	ue and	d ac	cura	te, an	d th	at th	e aj	oplic	ant certifies	that
they	have the lega	l authority	to sign	this applic	cation	as	the p	orope	rty (own	er o	r aut	horized agei	nt:

Property Owner Signature	Date
OR	
Authorized Agent Signature	Date

Town of Angier Zoning Ordinance

14.3.3 Map amendments (rezonings).

A. For all map amendments (rezonings), applications shall contain a statement regarding the consistency of the request with adopted town plans and the surrounding area.

B. For conditional zoning map amendments (rezonings), the application shall be accompanied by a description of the use or uses proposed and any conditions being proposed by the applicant. The applicant shall also provide a statement of reasonableness regarding the request on the application. In addition to the application, the applicant shall submit a site-specific plan.