

Zoning Amendment Application

(To be filled out in triplicate)

Applicant's Full Name _____

Address _____

Text Change

Statement of Present Regulation (Cite Article and Section)

Statement of Proposed Amendment

Applicant's interest in any property he/she may own and the zoning change requested

Map Change

Names and addresses of current abutting property owners:

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

Attach an accurate diagram of the property proposed for rezoning showing:

- (a) all property lines with dimensions; north arrow;
- (b) adjoining streets with rights-of-way and paving widths;
- (c) the location of all structures;
- (d) use of all land;
- (e) Zoning classification of all abutting districts.

Evidence that:

- (1) the proposed amendment is in the interest of the general public and not solely to the benefit of the applicant's property and;
- (2) that the uses permitted in the proposed zoning amendment are reasonably necessary to promote the health, safety, morals, or general welfare of the residents of the area.

Signature of Applicant

Date Submitted

The Chocowinity Planning Board recommends that this request be (approved/denied) for the following reason(s):

Action of the Chocowinity Board of Commissioners:

Meeting Date of First Reading: _____
 Public Hearing Date: _____
 Approved/Denied on : _____