



Rezoning Request Application

Montgomery County Planning Department

219 South Main Street Post Office Box 643 Troy, North Carolina 27371-0643
scarpenter@montgomerycountync.com Office: (910) 572-3304 Ext. 304 Fax: (910) 576-0043

APPLICATION NO. RZ-_____ -2010

Applications must be typed or clearly printed in black ink. The application is a form of written testimony and used to show how Ordinance requirements are addressed and to provide evidence to the Planning Board that the required findings of fact for approval can be made for the Board of Commissioner's review.

In addition to the required material, the applicant may provide any other written, drawn, or photographed material to support his/her request. Any such additional material submitted will become part of the application, and as such cannot be returned. Applications are accepted the first Monday of each month for Planning Board consideration. *It is highly advised that you meet with the Planning Director prior to submitting your request.* Incomplete applications will not be processed and may be delayed until the following month.

Attendance at the Public Hearing is required. Applicants may represent themselves or have someone as their spokesperson. The public hearing will allow the applicant, proponents, and opponents the opportunity to speak and ask questions in regards to the request. The Board of Commissioners may approve the request or deny it.

If you have any questions or need additional assistance, please contact the Montgomery County Planning Department at (910) 572-3304 between 8:00 am and 5:00 pm M-F.

(To Be Completed by the Planning Department)

Fee Amount: \$ 250 Receipt # _____ Date Received _____ Initials _____

Date application received: _____ Accepted by: _____

Please Provide the Following:
 (Type or clearly printed in black ink)

Name of Applicant						Property Owner					
Address						Address					
City		State		Zip		City		State		Zip	
Primary Phone		Cell Phone				Primary Phone		Cell Phone			

Parcel Identification Number(s):	
Existing Land Use (include description of existing buildings):	
Current Zoning Classification:	Requested Zoning Classification:
911 Property Address (if needed contact the 911 Addressing Coordinator (910-576-0608):	Is Property Located in Floodplain according to local FEMA map (<i>for staff</i>):
Legal Description and map of property to be rezoned if not the entire parcel (by registered land surveyor):	Property Size: _____ acres Area Dimensions if known:
Existing Uses on Adjacent Properties:	
North: _____	
South: _____	
East: _____	
West: _____	

The following policy guidelines shall be followed by the Planning Board concerning rezoning requests and no proposed rezoning request will receive favorable recommendation unless all five (5) conditions are met. Please speak to these five (5) conditions individually, citing fact. Use an additional sheet if needed:

A. The proposal will place all property similarly situated in the area in the same category, or in appropriate complementary categories.

B. There is convincing demonstration that all uses permitted under the proposed district classification would be in the general public interest and not merely in the interest of an individual or small group.

C. There is convincing demonstration that all uses permitted under the proposed district classification would be appropriate in the area included in the proposed change. (When a new district designation is assigned, any use permitted in the district is allowable, so long as it meets district requirements, and not merely uses which applicants state they intend to make of the property involved.)

D. There is convincing demonstration that the character of the neighborhood will not be materially and adversely affected by any use permitted in the proposed change.

E. The proposed change is in accord with any land use plan and planning principles.

Owner / Applicant Must Read and Sign

AFFIDAVIT: I certify that all information herewith submitted are in all respects true and correct to the best of my knowledge and belief. *I understand that a representative or I must attend the Planning Board and County Commissioner's meetings.* I hereby authorize the County of Montgomery to review this request, visit the site, and contact any appropriate design professional in relation to questions generated as a result of the review.

Print Name

Signature of Owner or Agent

Date