

TOWN OF ROCKY MOUNT
APPLICATION FOR REZONING REQUEST

I/we _____, as Applicant of the below described property, hereby apply for a Rezoning Request as hereinafter described:

1. Applicant's Name: _____ Phone: _____
Address: _____ State: _____ Zip: _____
2. Property Owner's Name: _____ Phone: _____
Address: _____ State: _____ Zip: _____
3. Exact location of the property: _____
4. Tax Map and Parcel Number(s): _____
5. Size of Property: _____ Acres/Square Feet
Size of proposed rezoning request: _____ Acres/Square Feet
6. Existing Land Use: Vacant Agriculture Residential Commercial Industrial Other _____
Existing Zoning: R-1 R-2 R-3 R-A R-B RPUD GB CBD C-1 C-2 M-1 M-2 POS
Flood Plain? Y/N
7. Requested Land Use: Vacant Agriculture Residential Commercial Industrial Other _____
Requested Zoning: R-1 R-2 R-3 R-A R-B RPUD GB CBD C-1 C-2 M-1 M-2 POS
8. Check Completed Items:
 Size and Shape of Land
 Size and Shape of building in respect to property lines
 Parking Space(s) shown in respect to property lines and buildings
 Right-of-way of streets or highways adjoining land

Signature of Applicant(s): _____

Address: _____

Date: _____ Telephone Number: _____

Owner's Consent (If different from applicant): _____

Signature of Applicant(s): _____

Address: _____

Date: _____ Telephone Number: _____

I hereby approve this application as presented; noting that all required information is attached according to the specifications of this application for rezoning.

Zoning Administrator: _____

Date: _____

ADJACENT AND ADJOINING PROPERTY OWNERS

Adjoining and adjacent property owners are mailed a notice of the request. Please provide owner's name, and mailing address, plus zip code for all property owners that adjoin or are adjacent to (including across streets and at angles) the site. Names and addresses are available in the Real Estate office located at the Franklin County Court House.

Name: _____
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Tax Map and Parcel Number: _____

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