



For Planning Department Use Only

Case Number _____

Date Received _____

Fee Paid _____

Board Meeting _____

City Council Meeting _____

REZONING APPLICATION

OWNERSHIP INFORMATION:

Applicant: _____

Phone Number: (____) ____ - ____

Applicant's Legal Interest in Property: _____

Applicant's Address: _____

Property Owner: _____

Owner's Address: _____

Date Property Acquired: _____

Deed Reference: Book _____ Page _____

Tax PIN Number: ____ - ____ - ____ .000

Size (Sq. Ft. or Acres) _____ Street Frontage (ft) _____

Location/Address: _____

Attach a legal description (Metes and Bounds Description) of the area requested.

ZONING REQUEST:

A. Existing Zoning:

Requested Zoning:

B. Land Uses:

1. Existing land uses on property to be rezoned: _____

2. Existing or proposed land uses on all adjoining properties:

North _____

South _____

East _____

West _____

C. Statement of Justification:

The proposed zone shall be greater than three (3) acres of land or... if smaller, the property adjoins and is contiguous to two (2) zoning districts after the proposed change.

Attach a statement justifying the requested map change based upon the following:

- 1) The amendment, if small scale, is reasonable based upon surrounding conditions.
- 2) The impact of zoning is in the public interest and does not significantly harm the surrounding properties.
- 3) The amendment is warranted due to changed or changing conditions in the area.
- 4) The amendment achieves the purpose and is consistent with the Land Use Plan.

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INSTRUCTIONS FOR FILING A REZONING APPLICATION

- 1) A petitioner for a zoning change must complete this application in full. This application will not be processed unless all information is provided.
- 2) Include the filing fee for each rezoning petition. **City of Dunn fees are subject to change. See current fee schedule.**
- 3) If the request includes the entire area of an existing recorded parcel of land a copy of the metes and bounds for the parcel shall be included with a copy of the deed. **IF NOT**, an accurate survey of the property proposed for rezoning must accompany the application. The survey must be completed by a registered land surveyor or professional engineer, and shall describe the subject property by metes and bounds.
- 4) The justification statements under Item “C” should be typed or written legibly to answer each condition that applies to the request. **Substantial** weight is given to the answers provided. Please consider your answers carefully and be prepared to address your answers at each public hearing.
- 5) The application must be signed by the owner or by an authorized agent of the property to be rezoned; the signature shall be notarized.

For additional information or assistance, call the Planning Department at (910) 230-3503.

ADJOINING PROPERTY OWNERS
(WITHIN 100 FEET OF REQUESTED CHANGE)

NAME	MAILING ADDRESS	PIN NUMBER
1. _____	_____	_____ - _____ - _____ .000
2. _____	_____	_____ - _____ - _____ .000
3. _____	_____	_____ - _____ - _____ .000
4. _____	_____	_____ - _____ - _____ .000
5. _____	_____	_____ - _____ - _____ .000
6. _____	_____	_____ - _____ - _____ .000
7. _____	_____	_____ - _____ - _____ .000
8. _____	_____	_____ - _____ - _____ .000
9. _____	_____	_____ - _____ - _____ .000
10. _____	_____	_____ - _____ - _____ .000
11. _____	_____	_____ - _____ - _____ .000
12. _____	_____	_____ - _____ - _____ .000

OWNER'S CERTIFICATION

I (We) do hereby certify that:

I am (We are) the owners or authorized agent of the property described in this application for rezoning and have attached copies of deed, title reports or other documents as proof of ownership.

I (We) have read the rezoning procedures, requirements and have truthfully completed this application for rezoning.

I (We) understand that the filing fees are non-refundable; the process to review rezoning cases includes public hearings and review by both the Planning board and the City Council. I (We) understand that any action to approve our request is at the discretion of the Planning Board and the City Council and additional requirements may be imposed as determined necessary.

Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____