

FILE#:



www.townofmcadenville.org

**TOWN OF MCADENVILLE APPLICATION
REZONING (ZONING AMENDMENT)**

1. Applicant Name: _____

2. Applicant Address: _____

3. Applicant City: _____ State: _____ Zip Code: _____

4. Applicant Contact: Phone #: _____ 2nd #: _____

Email: _____

5. Name and address of owner (if different from applicant):

6. Location of Subject Property:

Street address: _____

Gaston Tax Parcel# (6 digits) _____

7. Area of Subject Property (acres or square feet): _____

8. Zoning Classification: Current: _____ Proposed: _____

9. Existing Land Use:

10. Surrounding Zoning Districts:

North: _____ South: _____

East: _____ West: _____

Required Attachments/Submittals

1. Typed metes and bounds description of the property (or portion of property to be rezoned. A property deed is sufficient, provided that the deed describes only the property requested for rezoning.
2. A letter describing the reason(s) why you are requesting the rezoning (amendment to the zoning map of the Town of McAdenville).

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Certification

I hereby acknowledge and say that the information contained herein and herewith is true and that this application shall not be scheduled for official consideration until all of the required contents are submitted in proper form to the Town of McAdenville. It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

Signature of Applicant: _____ Date: _____

Note: Approval of this request does not constitute a zoning permit. All requirements must be met within the UDO.

Staff Use Only:

Fee: \$ _____ Received by: _____ Date: _____

The application fee is nonrefundable

Staff Use Only:

Scheduled for Planning Board consideration:

Date: _____ Time: _____ Location: _____

Date Advertised, written notice(s) sent, and property posted: _____

Planning Board recommendation: ___ Approved ___ Denied

If denied, was an appeal filed? _____

Scheduled for Town Council consideration:

Date: _____ Time: _____ Location: _____

Dates advertised: (a) first notice: _____ (b) second notice: _____

Town Council recommendation: ___ Approved ___ Denied

Date applicant notified of Town Council action: _____

Comments: _____
