



REZONING REQUEST APPLICATION

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-2654 • fax 910-893-3693

APPLICATION NO. _____

Fee Amount: \$ 350 Receipt # _____ Date Received _____

Any application shall be filed with the Administrator not later than three (3) weeks prior to the Planning Board meeting at which the application is to be considered.

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

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 anyone else the opportunity to speak and ask questions in regards to the request. The Board of Commissioners may approve the request or deny it.

Name of Applicant		Name of Owner	
Address		Address	
City, State, Zip		City, State, Zip	

Parcel Identification Number:	Property Address:
Existing Use of Property and Zoning Classification:	Proposed Zoning Classification:
Land Use Plan Designation (for staff):	Is Property Located in Floodplain according to local FEMA map (for staff):

Description of location and dimension of area on property to be rezoned if not the entire parcel:	Property Size (Acres) and Area Dimensions if known:
Existing Uses on Adjacent Properties (draw picture if needed):	

Owner / Applicant Must Read and Sign

AFFIDAVIT: The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, WITH THE UNDERSTANDING THAT ANY INCORRECT INFORMATION SUBMITTED MAY RESULT IN THE DELAY OR RESCHEDULING OF THE REQUIRED PUBLIC HEARING AND MAY RESULT IN THE REVOCATION OF THIS APPLICATION. In a case where a Conditional Use Permit has not been excersized within the time limit set by the Board of Commissioners or withing six (6) months if no specific time limit has been set, then without further action, the permit shall be null and void. I hereby authorize the Town of Lillington 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

Daytime phone number of contact

Signature of Owner, Contract Purchaser, or Agent

Date

