



REZONING APPLICATION FARMVILLE, NORTH CAROLINA

3672 North Main Street; P.O. Box 86
Farmville, NC 27828
Phone: (252) 753-5921
Fax: (252) 753-2963

Staff Use Only

Parcel #: _____
Appl. #: _____
Date Rec'd: _____
Fee Amt.: _____

PLEASE NOTE YOU ARE STRONGLY ADVISED TO CONSULT WITH PLANNING STAFF REGARDING THIS REQUEST PRIOR TO SUBMITTAL

OWNER/APPLICANT INFORMATION

OWNER: _____ APPLICANT: _____
ADDRESS: _____ ADDRESS: _____
PHONE #: _____ PHONE #: _____

PROPERTY INFORMATION

PROPERTY LOCATION (Address or Description): _____
PROPERTY SIZE (sq. ft. or acres): _____ ROAD FRONTAGE: _____
METES AND BOUNDS DESCRIPTION AND SCALED MAP OF PROPERTY ATTACHED?: YES NO

REZONING REQUEST

EXISTING ZONING (check one):

- RA-20 - RESIDENTIAL AGRICULTURAL
- R-15 - RESIDENTIAL
- R-12 - RESIDENTIAL
- R-8 - RESIDENTIAL
- R-5 - RESIDENTIAL
- RMH - RESIDENTIAL MANUFACTURED HOUSING
- RMF - RESIDENTIAL MULTI-FAMILY
- RB - RURAL BUSINESS
- NB - NEIGHBORHOOD BUSINESS
- CB - CENTRAL BUSINESS
- GB - GENERAL BUSINESS
- HB - HIGHWAY BUSINESS
- ID - INDUSTRIAL
- O&I - OFFICE AND INSTITUTIONAL
- LID - LIGHT INDUSTRIAL

PROPOSED ZONING (check one):

- RA-20 - RESIDENTIAL AGRICULTURAL
- R-15 - RESIDENTIAL
- R-12 - RESIDENTIAL
- R-8 - RESIDENTIAL
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IS THIS REQUEST FOR A CONDITIONAL ZONING DISTRICT? YES NO

IF YES, PLEASE INDICATE ALL PROPOSED USES: _____

NOTE: Every petition for the reclassification of property to a CONDITIONAL ZONING DISTRICT shall be accompanied by a site plan containing the requisite information specified in the Town of Farmville Zoning Ordinance. In the course of evaluating the proposed use, the Board of Commissioners may request additional information deemed appropriate to provide a complete analysis of the proposal.

Application must be completed in full and returned with the application fee to the Planning Department at least twenty (25) days prior to the regularly scheduled public meeting for the purpose of zoning amendments. No application will be considered until all required information is submitted along with a metes and bounds description of the property and a scaled map. The undersigned states that all information given herein is true and authorizes Town staff to enter onto the property to ensure all applicable rules and regulations are being met.

OWNER/APPLICANT SIGNATURE: _____ DATE: _____

NOTE: If the applicant is not the property owner, a notarized signature of the property owner is required on this application unless amendment is initiated by the Town of Farmville.

I, _____, being the Owner of the property described herein, do hereby authorize
(Printed Name)

_____ to initiate a rezoning request of this property.
(Printed Name)

Signature Date

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

Notary Public My Commission Expires: _____

PLANNING BOARD RECOMMENDATION: APPROVED MEETING DATE: _____
 DENIED

BOARD OF COMMISSIONERS DECISION: APPROVED MEETING DATE: _____
 DENIED

ZONING OFFICER SIGNATURE: _____ DATE: _____

CONDITIONS/COMMENTS: _____
