



CITY OF HENDERSON
DEVELOPMENT SERVICES

134 ROSE AVENUE
HENDERSON NC 27536
252-430-5723 phone
252-492-7935 fax
www.ci.henderson.nc.us

REZONING APPLICATION

FEES:

Zoning Map Amendment Residential District: **\$350.00, plus \$50.00 acre, or part thereof**
Zoning Map Amendment, other Zoning Districts: **\$350.00, plus \$100.00 acre, or part thereof**

REQUIRED INFORMATION:

- Metes and bounds description attached
- Site plan of proposal attached
- A completed rezoning application along with the appropriate fee. Applications must be submitted before the deadline date.

Application Instructions: Complete all applicable sections. No application will be processed by the Development Services Department until a complete application and all required documents are received. **A scaled site plan must be submitted with this application.**

PLEASE COMPLETE THE TABLE LISTED BELOW:

<i>Owner's Name (As Listed on Tax Records):</i>	<i>Applicant's Name:</i>
Street Address:	Street Address:
City, State Zip	City, State Zip
Contact phone #:	Contact phone #:
Email Address:	Email Address:

PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:

1. Where is the subject property being rezoned? _____
2. What are the parcels identification(s) numbers? _____

3. What is the existing zoning? _____
4. What is the proposed zoning? _____

5. What are the total acres to be rezoned? _____
6. Have any of the parcels been the subject of a rezoning proposal within the past year?
Circle YES or NO.
7. How will this change serve the public interest?

8. Would the amendment correct an error in the zoning map? Circle: Yes or No.
Explain why the proposed change is needed or desirable. (Please attach additional sheets if necessary).

CERTIFICATION OF APPLICANT AND/OR PROPERTY OWNER

I certify that all the information presented to me in this petition/application is accurate to the best of my knowledge, information, and belief. Further, I understand that, should this petition/application be approved, no site activity can take place until a site plan and/or any other land development permits are issued.

Property Owners Signature or Agent

Date

Applicant Signature

Date

FOR OFFICE USE ONLY:

Fee: _____	Received By: _____	Case #: _____
Date Paid: _____	How Paid: _____	Planning Board Date: _____
Check #: _____	Receipt#: _____	Planning Board Decision: _____
		City Council Date: _____
		City Council Action: _____