

# DEPARTMENT OF PLANNING AND DEVELOPMENT

## SAMPSON COUNTY NORTH CAROLINA REZONING APPLICATION

Case# \_\_\_\_\_

### A. APPLICANT/OWNER REPRESENTATIVE INFORMATION

1. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number (w) \_\_\_\_\_ (fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_

2. Property Owner (if different from applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number (w) \_\_\_\_\_ (fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_

If there are additional property owners, check here and attach their names, addresses and telephone numbers

3. Will an attorney, engineer, or realtor represent the applicant and/or property owner in this matter?

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number (w) \_\_\_\_\_ (fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_

### B. REQUEST INFORMATION

1. PRESENT ZONING CLASSIFICATION(S): \_\_\_\_\_

2. REQUESTED ZONING CLASSIFICATION(S): \_\_\_\_\_

3. DESCRIBE THE PURPOSE OF THE REZONING REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. PROPERTY IDENTIFICATION, LOCATION AND SITE INFORMATION

1. TAX MAP #: \_\_\_\_\_ | DEED BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

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**A copy of the most recent recorded deed(s) and tax map identifying the above noted tax lots must accompany this application, or the application will be considered incomplete and will be returned.**

2.  This rezoning request includes an entire parcel and/or recorded platted lots.

3.  This Rezoning request includes a portion(s) of an existing parcel(s). A written legal description along with a map identifying that portion of the parcel(s) is attached.

3. Geographic location & address of site: \_\_\_\_\_  
\_\_\_\_\_

4. Total acreage (square footage if less than one acre) of subject property: \_\_\_\_\_

**D. SUPPLEMENTAL INFORMATION**

- 1. The filing fee for this application is **\$125.00**.
- 2. Application Withdrawal:
  - a). This application may only be withdrawn by written request from the applicant or property owner. If such is received prior to submission of the Planning and Zoning Board public hearing notice to the newspaper, filing fees may be refunded. Filing fees **will not** be refunded after submission of public hearing notice to the newspaper.
  - b). After submission of public hearing notice to the newspaper, an application may only be withdrawn by action of the Planning & Zoning Board or City Council at the public hearing.
- 3. A mailing list of owners of all parcels of land within 100 feet in any direction of the subject parcel(s) of land as shown in the Sampson County Tax office.

**All of the items required by this application must be turned in to the Planning Department at 227 Lisbon Street, FULLY COMPLETED, 2 weeks prior to the scheduled Planning and Zoning Board meeting. Incomplete applications will not be accepted. Applications submitted after the deadline will be held until the next deadline for processing. The Planning and Zoning Board meets on the 2<sup>nd</sup> Monday of each month at 7:30 p.m. in the City Hall Auditorium. A public hearing on this request will be held by the Planning and Zoning Board and a recommendation will be made to the City Council. A second public hearing will be held by the City Council at its regular meeting the first (1<sup>st</sup>) Tuesday of each month at 7:00 p.m. in the City Hall Auditorium.**

**E. SIGNATURES**

When the applicant is someone other than the current property owner, the signatures of both the current property owner and the applicant shall be provided unless a power of attorney authorization is in effect. If power of attorney is in effect, a properly executed copy is required to be submitted with this application.

**Signature of Property Owner(s)**

**I/We the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my/our knowledge, and do hereby request the Clinton City Council to take action as sought by this application.**

1)			
	(Owner Print Name)	(Owner Signature)	(Date)
2)			
	(Owner Print Name)	(Owner Signature)	(Date)
3)			
	(Owner Print Name)	(Owner Signature)	(Date)

4)	_____	_____	_____
	(Applicant Print Name)	(Applicant Signature)	(Date)
5)	_____	_____	_____
	(Representative Print Name)	(Representative Signature)	(Date)

**Note: If there are additional property owners, applicants or representatives, please attach an additional signature sheet with their names and signatures.**

**Corporations, Partnerships or other similar entities please include notarized Official Corporate Certification authorizing representative to sign on behalf of the corporation.**

**OFFICIAL USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE**

Received By: \_\_\_\_\_

(Staff Signature)	(Date)
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