



Town of Spring Hope

118 W. Railroad Street
Spring Hope, NC 27882
Phone: (252) 478-5186
Fax: (252) 478-7131

For office use only:
Application No. <u> RZ- </u>
Date Received: <u> </u>
Amount Received: <u> </u>

Rezoning Application

FEE: \$250.00

APPLICANT INFORMATION:

Applicant: _____ Applicant's Address: _____

Phone No. _____ Cell No. _____ Email: _____

Location/Address: _____

Attach Legal Description (Metes and Bounds) of the area requested

Property Owner Information: (If Different from Applicant)

Name: _____ Mailing Address: _____

Phone No. _____ Cell No. _____ Email: _____

ZONING REQUEST:

A. Existing zoning: _____ Requested Zoning: _____

B. Existing land use on property: _____

C. New land use request on property : _____

D. Demonstrate that the proposed rezoning is consistent with the Town's Land Use Plan.
More specifically:

1. How do the potential uses in the new district classification relate to the existing character of the area?

2. In what ways is the property proposed for rezoning suited for the potential uses of the new district?

3. How will the proposed rezoning affect the value of nearby building(s)?

NOTE: DEADLINE FOR SUBMITTAL IS 1 (ONE) MONTH PRIOR TO THE APPLICABLE MEETING DATE OF THE PLANNING BOARD.

Acceptance of this application does not imply approval of this request. I certify that all statements furnished within this application are true to the best of my knowledge.

Applicant's Signature

Date

Property Owner

Date