



# 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: \$200.00**

### 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