CITY OF ARCHDALE

APPLICATION FOR CONDITIONAL ZONING DISTRICT

Applicant _____

Applicant's Address _____

Applicant's Telephone Number _____

A six hundred dollar **($700.00**) filing fee is required for any Conditional Zoning District.

Application is hereby made to the City of Archdale for a Conditional Zoning District for the following purpose and is followed by a list of intended conditions that the applicant agrees to abide by:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Property Owner _____

Deed is recorded in Book _____, Page _____,

County Name _____, Parcel Identification (PIN) # _____,

Subdivision _____ Section _____ Lot #(s)_____

Exact location of Property (Plat reference or Street Address)

_____

_____

_____

Area of Property (sq. ft. or acres)

_____

Present Zoning District

_____

With this application, please submit the following:

- A legal description of the land.
- Copy of Plat(s) if available.
- List of all adjoining property owners to be notified by the applicant by first class mail.
- A site plan showing:

    A. The actual shape, location, and dimensions of the lot; if the lot is not a lot of record, enough data to locate the lot on the ground.
    B. The shape, size, and location of all buildings, or other structures, to be erected, altered, or moved, and of any other buildings, or other structures already on the lot.
    C. The existing and intended use of the lot and of all structures upon it.

NO APPLICATION FOR A CONDITIONAL ZONING DISTRICT WILL BE ADVERTISED FOR PUBLIC HEARING UNTIL ALL REQUIRED MATERIALS HAVE BEEN RECEIVED BY THE PLANNING DEPARTMENT.

It is understood by the undersigned that if the Conditional Zoning District is authorized, the property involved in this request will **be perpetually bound to the use(s) authorized** and subject to such conditions as imposed, unless subsequently changed or amended as provided for in the Zoning Ordinance. It is further understood and acknowledged that final plans for any development to be made pursuant to any such Conditional Zoning District so authorized shall be submitted to the Planning Department for recordation.

_____	_____
Name of Applicant (if different from owner)	Signature of Owner
_____	_____
Applicant's Address	Owner's Address
_____	_____
Applicant's Telephone	Owner's Telephone

Complete application received _____/_____/_____
By: _____