APPLICATIONS NOT COMPLETED BY THE PUBLISHED APPLICATION DEADLINE WILL NOT BE CONSIDERED.

Required Attachments / Submittals:

☐ 1. Typed metes and bounds description of the property (or portion of property) in a Word document format.

☐ 2. Cabarrus County Land Records printout of names and addresses of all immediately adjacent landowners, including any directly across the street.

☐ 3. **FOR CONDITIONAL DISTRICT APPLICATIONS ONLY,** a plan drawn to scale (conditional district plan), and elevations if applicable submitted digitally.

☐ 4. If applicable, proof of a neighborhood meeting (signature page) or receipt from certified letters mailed to adjoining property owners if project increases density or intensity (See Section 3.2.3). Staff will provide further information on this requirement during the required pre-application meeting.

5. Money Received by _____ Date: _____

Check # _____ Amount: $ 1000.00 (Conditional) or $800 (Conventional)

Cash: _____

The application fee is nonrefundable.

(Please type or print)

Applicant Name, Address, Telephone Number and email address:

_____

Owner Name, Address, Telephone Number:

_____

Project Location/Address: _____

Parcel Identification Number (PIN): _____

Area of Subject Property (acres or square feet): _____

Lot Width: _____ Lot Depth: _____

Current Zoning Classification: _____

Proposed Zoning Classification: _____

Existing Land Use: _____

Future Land Use Designation: _____

Surrounding Land Use: North _____ South _____

East _____ West _____

Reason for request:

_____

Has a pre-application meeting been held with a staff member? ____ Yes ____ No

Staff member signature: _____ Date: _____

THIS PAGE APPLICABLE TO CONDITIONAL DISTRICT REQUESTS ONLY

(Please type or print)

1. List the Use(s) Proposed in the Project:

2. List the Condition(s) you are offering as part of this project. Be specific with each description. (You may attach other sheets of paper as needed to supplement the information):

I make this request for Conditional district zoning voluntarily. The uses and conditions described above are offered of my own free will. I understand and acknowledge that if the property in question is rezoned as requested to a Conditional District the property will be perpetually bound to the use(s) specifically authorized and subject to such conditions as are imposed, unless subsequently amended as provided under the City of Concord Development Ordinance (CDO). All affected property owners (or agents) must sign the application.

Signature of Applicant Date

Signature of Owner(s) Date

Certification

I hereby acknowledge and say that the information contained herein and herewith is true, and that this application shall not be scheduled for official consideration until all of the required contents are submitted in proper form to the City of Concord Development Services Department.

Date: _____

Applicant Signature: _____

Property Owner or Agent of the Property Owner Signature:

_____