



OFFICIAL USE ONLY:

Case Number: _____

Date Filed: _____

Received By: _____

Amount Paid: _____

Town of Spindale

Application for Rezoning

The following steps are required in order for your application to be considered complete.
Incomplete applications will be returned to the applicant and will not be processed.

1. Schedule a pre-application meeting with staff.
2. Submit a completed application. All applications must include:
 - Cash or check made payable to the Town of Spindale.
Fees: \$350.00 for a rezoning request.
3. A plat, drawn to scale, showing the bearings and the distances of the property requested for rezoning, if only rezoning a portion of a parcel.

The Rezoning Process:

1. Hold a pre-application meeting with staff to discuss your rezoning request and the map amendment process.
2. Submit a *complete* Application for Rezoning to the Town of Spindale Planning Department. **All applications must be submitted by 5 pm on the date as shown on the attached deadline page to have the request placed on the upcoming Planning Board meeting agenda.** During this time, planning staff will review your application and prepare a staff report to the Board.
3. Planning Board meetings are normally held on the first Tuesday of the month at 5:30 p.m at the Spindale House Board of Commissioners Room, located at 119 Tanner Street, Spindale NC 28160. At this time, the Board will hold a public meeting and make a recommendation. The Board's recommendation is then forwarded on to the Town Board of Commissioners for them to approve or deny the request.
4. The Town of Spindale Board of Commissioners meets at the same location at 6:30 PM on the third Monday of each month. Following the Planning Board's recommendation, the Board of Commissioners will schedule a Public Hearing and consideration of the request at a Regularly Scheduled Board meeting. Prior to the Public Hearing, the request is advertised and notices sent via certified mail to all adjoining property owners.

Questions: Contact Town of Spindale Planning Department at (828)286-3466.

Subject Property Information

1. Street Address _____
2. PIN(s) _____
3. Deed Reference: Book _____ Page _____

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Description of Subject Property

1. Size to be rezoned (square feet or acres): _____
2. Street Frontage (feet): _____
3. Current Land Use of Property: _____
4. Adjacent Land Use: North _____
 South _____
 East _____
 West _____

Request

1. Change Zoning From _____ to _____
2. Purpose for Request/Proposed Use _____

Since amendments to zoning maps should also be based on a Land Use Plan, please explain in the space below how your request satisfies each of the following requirements:

1. How would the requested zoning change be consistent with the property's classification on the Future Land Use Map?

2. What significant neighborhood changes have occurred to make the existing zoning inappropriate, or how is the land involved unsuitable for the uses permitted under the existing zoning?

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Owner Information

It is understood by all parties hereto including owner, petitioner, and/or agents that while this application will be carefully considered and reviewed, the burden of providing its need rests with the below named petitioner. In addition, it is understood and acknowledged that if the property is rezoned as requested, the property involved in this request will be perpetually bound by the use(s) authorized and subject to such conditions as imposed, unless subsequently changed or amended through the rezoning process.

I do hereby certify that all information, which I have provided for this application, is, to the best of my knowledge, correct.

Property Owner: _____
Address: _____
Phone: _____
Fax: _____
Signature: _____
(Must be notarized)

Agent (if any): _____
Address: _____
Phone: _____
Fax: _____
Signature: _____

Applicant (if any): _____
Address: _____
Phone: _____
Fax: _____
Signature: _____

I, _____, a Notary Public for _____ County, North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness by my hand and official seal this _____ day of _____, 20____.

My Commission Expires:

Notary Public