

**Town of Gibsonville
Planning Department
Application for Rezoning**

Applicant: _____ **Address:** _____

Phone Number: _____ **Email:** _____

Land Owner(s): _____ **Address:** _____

Parcel Information: County ☐ Guilford ☐ Alamance **Address:** _____

County Parcel Number: _____ **Deed Book:** _____ **Page:** _____

Current Zoning: _____ **Current Use:** _____

Proposed Zoning: _____ **Proposed Use:** _____

Purpose of Rezoning Request: _____

Conditional Uses Zoning Specification (if applicable): (Indicate if condition is Use or Development Condition)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

See Page 2 for additional submission requirements.

Applicant/Owner Certification

Per Article 3 Section 3-12.2 of the Town of Gibsonville Development Ordinance, the undersigned hereby requests the Gibsonville Planning Board to consider rezoning the land as specified above and on attached documentation and submit a recommendation to the Board of Aldermen. The undersigned land owner, agent, representative and other involved parties agree to allow Town of Gibsonville Staff, contractors and authorize representative to access the property for the purposes of necessary studies and for posting public notices.

Authorized Signature _____ ☐ Agent ☐ Owner

Date _____

Owner Signature _____ Date _____

Date Submitted _____ File Number _____ Fee pd _____

Additional Requirements

1. Fee of \$500.00
2. Copy of Tax Map or other drawing showing location of proposed zoning line(s)
3. List of Adjacent Property owners for all land owners with property lines touching the subject parcel(s) and across the street from subject property.
4. Copy of Deed and/or subdivision map from Register of Deeds

- Planning Board meets every third Thursday of the month.
- Board of Alderman meet every first Monday of the month.

All applications must be submitted by the first of the month.