

**TOWN OF CHOCOWINITY
PETITION FOR ZONING CHANGE**

Application No. _____

I, the undersigned owner of the property indicated do hereby petition the Town of Chocowinity to:

Change the Zoning Classification from _____ to _____.

Amend the Zoning Ordinance, Section _____ (attach a copy of proposed amendments).

Location of Property _____

Tax Parcel No. _____ Acres _____

Present Use of Property _____

Reasons for Change _____

Name(s) and Address(es) of all property owners included within the area requested to be rezoned and all adjacent property owners:

Name

Addresses

Evidence that (1) the proposed amendment is in the interest of the general public and not solely to the benefit of the applicant's property, and (2) none of the uses permitted in the proposed zoning district shall adversely affect property values or the health, safety, morals, or general welfare of the residents of the area.

I hereby authorize the Town representatives to display notice of this request on my property and to have access to the property during reasonable hours.

Person Representing Application:

Signature of Property Owner(s):

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

The Planning Board recommends that this request be (approved/denied) for the following reason(s)

(Vote: _____ Approved, _____ Disapproved):

TOWN OF CHOCOWINITY _____

Planning Board Chair