REZONING APPLICATION

City of Raeford
PLANNING, ZONING AND CODE ENFORCEMENT
701 S. Main St., Raeford, NC 28376
910-875-5031
910-875-1462 (fax)

A. APPLICANT/OWNER REPRESENTATIVE INFORMATION

1. Applicant: _____

Address: _____

Telephone number: (w) _____ (fax) _____ (c)_____

2. Property Owner (if different from applicant): _____

Address:_____

Telephone number: (w) _____ (fax) _____ (c)_____
Email:_____

B. REQUEST INFORMATION

1. Present zoning classification(s): _____

2. Requested zoning classification(s): _____

3. Describe the purpose of the rezoning request: _____

_____

_____

_____

C. PROPERTY IDENTIFICATION, LOCATION AND SITE INFORMATION

1. PIN #_____ DEED BOOK _____ PAGE _____

A copy of the most recent recorded deed(s) and tax map identifying the above noted tax lots must accompany this application, or the application will be considered incomplete and will be returned.

2. Choose one:

_____This rezoning request includes an **entire parcel** and/or recorded platted lots.

_____This rezoning request includes a **portion(s) of an existing parcel(s)**. A written legal description along with a map identifying that portion of the parcel is attached.

3. Geographic location and address of site:

_____

4. Total acreage (square footage if less that one acre) of subject property:

_____

D. SIGNATURES

When the applicant is someone other than the current property owner, the signatures of both the current property owner and the applicant shall be provided unless a power of attorney authorization is in effect. If power of attorney is in effect, a properly executed copy is required to be submitted with this application.

Signature of Property Owner(s)

I/We the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my/our knowledge, and do hereby request the Raeford City Council to take action as by this application.

1) _____ _____ _____
(Owner Print Name) (Owner Signature) (Date)

2) _____ _____ _____
(Owner Print Name) (Owner Signature) (Date)

3) _____ _____ _____
(Owner Print Name) (Owner Signature) (Date)

4) _____ _____ _____
(Owner Print Name) (Owner Signature) (Date)

5) _____ _____ _____
(Owner Print Name) (Owner Signature) (Date)

6) _____ _____ _____
(Owner Print Name) (Owner Signature) (Date)

Note: If there are additional property owners, applicants or representatives, please attach an additional signature sheet with their names and signatures.

Corporations, Partnerships or other similar entities-please include notarized Official Corporation Certification authorizing representative to sign on behalf of the corporation.

Additional information concerning zoning and procedures may be obtained at our website (www.raefordcity.org), under the Planning and Zoning tab.

UDO 3.2.1 Zoning Map Amendment

The following minimum standards are considered for every zoning map amendment. Please insure that your application addresses each standard or explains why you can not meet each standard.

3.2.1 (G) Zoning Map Amendment Standards

Amending the Official Zoning Map is a matter committed to the legislative discretion of the City Council. In determining whether to approve or deny an amendment, the City Council shall consider and weigh the relevance of the following factors:

1) *Whether, and to the extent which, the proposed amendment is consistent with the City of Raeford 2030 Land Use Plan, and any other relevant plans.*
2) *Whether, and to the extent which, the proposed amendment addresses a demonstrated community need.*
3) *Whether, and to the extent which, the proposed amendment is compatible with existing and proposed uses surrounding the land subject to the amendment.*
4) *Whether, and to the extent which, the proposed amendment would result in a logical and orderly pattern of development.*
5) *Whether, and to the extent which, the proposed amendment would encourage premature development in the area subject to the amendment.*
6) *Whether, and to the extent which, the proposed amendment would result in adverse impacts to property values in the area surrounding the land subject to the amendment.*
7) *Whether, and to the extent which, the proposed amendment would result in significantly adverse impacts on the natural environment.*

OFFICIAL USE ONLY

Received by:_____ Date:_____ Fee: **$250.00**____
File #:_____

Planning Administrator's Review:_____
Approval:_____Recommendation:_____

Scheduled for Planning
Board:_____

Result:_____

Scheduled for City
Council:_____

Result:_____
____