

TOWN OF CLARKTON
81 N Elm St
Clarkton, NC 28433
Office: (910) 647-5961



Rezoning (Map Amendment) Application Form

Submittal Date: _____ Approval/Denial Date: _____

Fee: \$150.00 Received By: _____

Please complete all sections of the form. A rezoning application will not be considered complete until all required submittal components listed on the Rezoning Checklist (Section 6) have been received and approved.

Map Parcel proposed for amendment: _____

2. Applicant/Petitioner Information

Applicant Name: _____

Mailing Address: _____

Fax No.: _____

Phone No.: _____

Email: _____

Signature: _____

Date: _____

3. Owner Information (if not the same as Applicant)

Owner Name: _____

Mailing Address: _____

Fax No.: _____

Phone No.: _____

Email: _____

Signature: _____

Date: _____

4. Property Information

Parcel ID # (PIN) _____

Site Acreage _____

Number of
Lots: _____

Current
Zoning
District: _____

Proposed
Zoning
District: _____

5. Written Description of Request – Answer all the questions under this section (attach additional pages as needed).

A complete application for any map amendment shall state in detail how the proposed amendment is consistent with County's Comprehensive Land Use Plan and other officially adopted plans that are applicable. The application shall also give detailed evidence that the proposed amendment is in the interest and will benefit the general public and not solely be of benefit to the applicant; that the uses within the proposed zoning district are similar or comparable to the uses in the district as currently zoned, or that none of the uses permitted in the proposed zoning district may potentially adversely affect property values or the health, safety, morals, or general welfare of the residents of the surrounding area.

The Planning Board will review the request for rezoning and make a recommendation to the County Board of Commissioners whether to approve or deny the request. The Board of Commissioners may consider the following when deciding: The size, physical conditions, and other attributes of any area proposed to be rezoned. The benefits and detriments to the landowners, the neighbors, and the surrounding community. The relationship between the current actual and permissible development and the development permissible under the proposed amendment. Why the action taken is in the public interest. Any changed conditions warranting the amendment.

A) Describe how the proposed amendment is consistent with the Comprehensive Land Use Plan.

B) State if the proposed amendment is in conflict with any provision of the Zoning Ordinance or other county regulations.

C) Describe any conditions on the property that have changed and support the amendment.

D) Describe how this amendment would improve compatibility among uses and ensure efficient development within the county.

E) Describe how the proposed amendment will help result in a logical and orderly development pattern.

F) Indicate if and how the proposed amendment will result in significantly adverse impacts on the natural environment (including but not limited to water, air, noise, storm water management, wildlife, vegetation, wetlands, and the natural functioning of the environment).

6. Submittal Requirement Checklist	
<i>(Submittals should include <u>2</u> copies of listed items, unless otherwise stated.)</i>	
☐	Rezoning (Map Amendment) Application Form and Application Fee
☐	Map of Property requested to be rezoned. Scale 1" = 50 feet. Include all adjacent properties, state all uses on each property. A metes and bounds description shall also be provided.
☐	A list of property owners, (names, addresses and PIN numbers) of all properties whose zoning classification will be changed by the proposed amendment as well as the owners of all properties any portion of which is within 250 feet of the property rezoned by the amendment.
☐	The application must be signed by the Property Owner.

I certify that all information furnished in this application is accurate to the best of my knowledge.

PETITIONER: _____ SIGNATURE: _____

Mailing Address: _____ Phone: _____

PROPERTY OWNER: _____ SIGNATURE: _____

Mailing Address: _____ Phone: _____

PROPERTY OWNER'S SIGNATURE IS REQUIRED BEFORE APPLICATION IS ACCEPTED

NOTE: *If the request is made by a corporation, the names and address of all officers in the corporation must be provided on a separate page. The applicant or his representative is expected to attend all meetings to answer questions concerning the request. The absence of the applicant at scheduled meetings is sufficient grounds to warrant a deferral of action by the Planning Board and/or Board of Commissioners.*

OFFICE USE ONLY

Date Application Received _____ Date Fee Paid _____

Date Reviewed by Planning Board _____ Date Report to Commissioners _____