DATE APPL	ICATION SECURED	
DATE APPL	ICATION SUBMITTED	
PLANNING	BOARD MEETING DATE	
RECEIPT #_	RECEIVED BY	
CASF #		

APPLICATION FOR REZONING CUMBERLAND COUNTY

Submit completed Application with the following:

- Recorded Deed and/or Recorded Plat
- Written Legal Description must be provided if a portion of a larger tract is being considered
- Cash or check payable to "Cumberland County" in the amount of
 \$_______. (See Fee Schedule below)

Rezoning Procedure:

- Completed Application Submitted
- Notification of Surrounding Property Owners/Public Hearing Advertisement in Newspaper
- Planning Board Public Hearing
- Renotification of Surrounding Property Owners/Public Hearing Advertisement in Newspaper
- Governing Body Public Hearing (approximately four weeks after Planning Board Public Hearing)
- Rezoning becomes effective following Governing Body Approval

The Planning staff will advise on zoning options, inform applicants of development requirements and answer questions regarding the Application and rezoning process. For further questions, call (910) 678-7603 or (910) 678-7609. Hours of operation are 8:00 a.m.—5:00 p.m., Monday through Friday.

Fee Schedule

Requested Zoning District	Less Than 5 Acres	5 to 50 Acres	50 to 100 Acres	100+ Acres
All Agricultural and Residential Districts	\$200	\$400	\$500	\$500
O&I, C1, HS(P), C(P) C3, M1, M(P), M2	\$400	\$500	\$600	\$800

TO THE CUMBERLAND COUNTY JOINT PLANNING BOARD AND BOARD OF COUNTY COMMISSIONERS OF CUMBERLAND COUNTY, NC:

The undersigned submit application and petition the County Commissioners to amend and change the Cumberland County zoning map as provided for in the Zoning Ordinance, Section 12.5. In support of this, the following is submitted:

Requested Rezoning from to				
Address of Property Sought to be Rezoned Street Address or Route and Box # and Zip Code				
Located on General Directions to Site				
Parcel Identification Number (Obtain from Tax Receipt or Office of the Tax Administrator – (910) 678-7567)				
Lot(s)# feet Depth feet Acreage				
Existing Use of Property (Residential, commercial, etc.)				
Proposed Use of Property				
Water Provider: Well PWC Other (name)				
Septage Disposal Provider: Septic Tank PWC				
Do you own any property adjacent to or across the street from this property?				
Yes No If yes, where?				
Has a violation been issued on this property? Yes No				

A copy of the recorded deed(s) and/or recorded plat map(s) must be provided. If the area is a portion of a parcel, a written legal description by metes and bounds must accompany the deed and/or plat. If more than one zoning classification is requested, a correct metes and bounds legal description of each bounded area must be submitted.

The undersigned understand that the official zoning map, as originally adopted and subsequently amended, is presumed to be appropriate to the property involved and that the burden of proof for a zoning amendment (change) rests with the petitioner.

The undersigned acknowledge that this Application as submitted is accurate and correct.

PRINTED OR TYPED NAME OF OW	VNER(S)
ADDDECC OF OWNED(C)	
ADDRESS OF OWNER(S)	
HOME TELEPHONE	WORK TELEPHONE
PRINTED OR TYPED NAME OF AP	PLICANT AGENT OR ATTORNEY
TRIVILES OR THE ESTAMME OF ALL	LIO/MIT, MOLITI OKATIONALI
ADDRESS OF APPLICANT, AGENT	OR ATTORNEY
HOME TELEPHONE	WORK TELEPHONE
SIGNATURE OF OWNER	SIGNATURE OF APPLICANT,
	AGENT OR ATTORNEY

See Meeting Schedule to determine deadline for application submission.

MAILING LIST

The following are all of the individuals, firms or corporations owning property adjacent to this parcel considered for rezoning. Adjacent properties are those that abut this request on any SIDE, the REAR, or in FRONT of (directly across the street, road, highway, etc., property lines extended.)

NOTE: Information can be obtained from the Tax Mapping Office located on the 5th floor of the New County Courthouse. It is a provision of law that all adjacent property owners be notified of any public hearing regarding the requested rezoning of land.

NAME	ADDRESS (INCLUDING ZIP CODE)