



COUNTY of CUMBERLAND

Planning & Inspections Department

CASE #: _____

PLANNING BOARD
MEETING DATE: _____

DATE APPLICATION
SUBMITTED: _____

RECEIPT #: _____

RECEIVED BY: _____

Application for
REZONING REQUEST
TOWN OF STEDMAN

The following items are to be submitted with the completed application:

1. A copy of the *recorded* deed and/or plat.
2. If a portion(s) of the property is being considered for rezoning, an accurate written legal description of only the area to be considered;
3. A check made payable to "Cumberland County" in the amount of \$_____.
(See attached Fee Schedule).

Rezoning Procedure:

1. Completed application submitted by the applicant.
2. Notification to surrounding property owners.
3. Planning Board public hearing.
4. Re-notification of interested parties / public hearing advertisement in the newspaper.
5. Town of Stedman Board of Commissioners' public hearing (approximately four weeks after Planning Board public hearing).
6. If approved by the Board of Commissioners, rezoning becomes effective immediately.

The Planning & Inspections 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. Hour of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday.

NOTE: Any revisions, inaccuracies or errors to the application may cause the case to be delayed and will be scheduled for the next available Board meeting according to the Board's meeting schedule. Also, the application fee is *nonrefundable*.

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

I (We), the undersigned, hereby submit this application, and petition the Board of Commissioners to amend and to change the zoning map of the Town of Stedman as provided for under the provisions of the Stedman Zoning Ordinance. In support of this petition, the following facts are submitted:

1. Requested Rezoning from _____ to _____.
2. Address of Property to be Rezoned: _____
3. Location of Property: _____

4. Parcel Identification Number (PIN #) of subject property: _____
(also known as Tax ID Number or Property Tax ID)
5. Acreage: _____ Frontage: _____ Depth: _____
6. Water Provider: Well _____ PWC _____ Other (name) _____
8. Septage Provider: Septic Tank _____ PWC _____
9. Deed Book _____, Page(s) _____, Cumberland County Registry. (Attach copy of deed of subject property as it appears in Registry).
10. Existing use of property: _____
11. Proposed use(s) of the property: _____

12. Do you own any property adjacent to or across the street from this property?
Yes _____ No _____ If yes, where? _____
13. 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, showing acreage must accompany the deed and/or plat. If more than one zoning classification is requested, a correct metes and bounds legal description, including acreage, for each bounded area must be submitted.

The Planning and Inspections Staff is available for advice on completing this application; however, they are not authorized to complete the application.

MAILING LIST

The following are the tax record owners, with complete mailing address, of all properties immediately adjacent to the subject property. This includes those properties separated from the subject properties by any right-of-way. **(This information should be obtained from the Tax Mapping Office on the 5th floor of the New Courthouse).**

ADJACENT PROPERTY OWNERS

[illegible]

The undersigned understands 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 hereby acknowledge that the Planning and Inspections Staff has conferred with the petitioner or assigns, and the application as submitted is accurate and correct.

NAME OF OWNERS (PRINT OR TYPE)

ADDRESS OF OWNER(S)

HOME TELEPHONE #

WORK TELEPHONE #

NAME OF AGENT, ATTORNEY, APPLICANT (PRINT OR TYPE)

ADDRESS OF AGENT, ATTORNEY, APPLICANT

HOME TELEPHONE #

WORK TELEPHONE #

SIGNATURE OF OWNER(S)

SIGNATURE OF AGENT, ATTORNEY
OR APPLICANT

SIGNATURE OF OWNER(S)

The contents of this application, upon submission, becomes “public record.”

Each applicant submitting a request for rezoning shall pay a fee in accordance with the schedule recommended by the Planning Board and adopted by the Town Board of Commissioners.

TOWN OF STEDMAN
SEC. 12.6 FEES

| <u>ZONING DISTRICTS</u> | <u>LESS THAN 5 ACRES</u> | <u>5-50 ACRES</u> | <u>50-100 ACRES</u> | <u>100+ ACRES</u> |
|------------------------------------|-------------------------------------|------------------------------|--------------------------------|------------------------------|
| R15 R10 R10M | \$ 130 | \$ 260 | \$ 300 | \$ 400 |
| C1 C(P) C3 M2 | \$ 260 | \$ 260 | \$ 300 | \$ 400 |

TEXT AMENDMENTS \$ 130

- A non-refundable fee of twenty-five (\$25.00) dollars is to be paid to the Town of Stedman for processing and advertising (excludes requests originating with the Town of Stedman).
- If the general rezoning request is for more than one zoning classification, the fee will be the same as for separate rezoning requests.