



Rezoning Application

Town of Navassa

334 Main Street, Navassa, NC 28451

Phone 910.371.2432 Fax 910.371.0041

www.townofnavassa.org

Application Fees: Major Rezoning (5 or more acres) - \$600
Minor Rezoning (less than 5 acres) - \$300

Date:	
Applicant and Owner Information	
Applicant	Owner(s)
Name(s):	Name(s):
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone#:	Phone#:
Fax#:	Fax#:
Mobile#:	Mobile#:
Property Information	
Parcel ID(s):	Deed Book(s) & Page(s): Map Cabinet(s) & Page(s):
Date Acquired:	Area (square feet or acres):
Description of current land use and existing structures:	
Description of property location:	
Zoning Request Information	
Current Zoning District:	Proposed Zoning District:
Future Land Use Map Designation:	

Legal Description:

Please include a metes and bounds description or attach a property map depicting the property(ies) requested for rezoning. If rezoning request does not follow property lines, make sure it is reflected in the legal description and check this box:

Owner/Agent Statement:

I, _____, being the Owner or Agent acting on behalf of the owner, request that this rezoning application be placed on the agenda of the Planning Board meeting scheduled for _____.

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information, and belief. I authorize the Town of Navassa to place a sign on the property in question for the purpose of alerting the general public of my request, no less than ten (10) days prior to the meeting.

I understand that failure to provide information on any item in this application may result in the rezoning not meeting the minimum submission requirements and that the application may be returned to me for revision and resubmission at the next regular review cycle.

Signature: _____ Date: _____

NOTE: Agents acting on behalf of property owners must submit a notarized letter from the property owner which gives them authority to act on their behalf.

Official Use Only

Fee paid: Yes No Amount: \$ _____ Date: _____

Planning Board Action: Approved: Denied: Date: _____

Town Council Action: Approved: Denied: Date: _____ Staff Initials: _____