

## **Town of Fletcher**

 Planning and Zoning

 300 Old Cane Creek Road, NC 28732

 (828) 687-3985
 Fax (828)687-7133

<b>Rezoning Application</b> <b>Application Number</b>				
OWNERSHIP INFORM	IATION:			
Property Owner:				
Owner's Address:		City	State	Zip
LOCATION OF PROPI	ERTY (Address	or Description):		
PIN #	PID#			
Current Land Use:				
Size (Square Feet or Acres):				
ZONING REQUEST				
Existing Zoning:		Proposed Zonin	g:	
Purpose of Zoning Change:				
Name of Agent		Name of Petitioner	(s)	
Agent's Address		Address of Petitione	r(s)	
City, State, Zip		City, State, Zip		
Telephone Number		Telephone Number		
Signature of Property Owner if ot	her than Petitioner	Signature		
Received By:		Date:		

## **Owner's Affidavit**

I (we) the undersigned do hereby give pe	ermission to (agent's name or organization)	
	to file petition (application) for	property(s)
located at		with
PIN (or PID)#	on this affidavit for the purpose of requ	esting a
Rezoning from the Town Council of the	Town of Fletcher, NC. I further understand	that my
signature is consent to all conditions and	/or stipulations that may be imposed or adop	pted by such
Town Council as part of the petition app	roval.	
1. Owner's Name (Please Print)		
Owner's Signature	Date	
2. Owner's Name (Please Print)		
Owner's Signature	Date	
3. Owner's Name (Please Print)		
Owner's Signature	Date	
4. Owner's Name (Please Print)		
Owner's Signature	Date	
Agent's (Contact) Information		
Name:	Address:	
Phone Number:	Fax Number:	

## CHECKLIST FOR REZONING APPLICATIONS

Town of Fletcher Planning and Zoning

## **Rezoning Application**

<u>Rezoning Application</u>
Completed application and Owner's Affidavit, if applicable.
Legal description and PINS for subject property; i.e., copy of deed.
Filing fee of \$350.00.
Area map illustrating subject property and surrounding zoning (staff will assist applicants in preparing this map if necessary).
I acknowledge that all property owners abutting the proposed rezoning will be notified of the request and provided information of the hearing dates.
I acknowledge the rezoning shall not be granted except after the recommendation of the Planning Board and decision by the Town Council following the public hearings.
I acknowledge and grant consent to Town of Fletcher officials to visit the proposed site for the purpose of investigating this application.
Print Name:
Signature:
Date:

This institution is an equal opportunity provider