



ROCKINGHAM COUNTY

Community Development

APPLICATION FOR ZONING MAP AMENDMENT

Property Address: _____

Parcel No / Tax Pins(s): _____

Current District including overlays: _____

Acreage requested for rezoning: _____ (attach legal description if acreage represents a portion of a parcel)

Owner: _____

Mailing Address: _____

Telephone: _____ email: _____

Applicant: _____

Mailing address: _____

Telephone: _____ email: _____

Proposed District including overlays: _____

Signature of Applicant/Owner (circle)

Signature of Applicant/Owner (circle)

OR

Proposed Conditional District including overlays: _____

The conditions I am proposing are attached

The site plan I am proposing is attached

An application has been duly filed requesting that the property involved in the application be rezoned as above. It is understood and acknowledged that if the property is rezoned as requested and the Conditional District authorized, the property involved in this request will be perpetually bound to the uses and conditions as imposed unless subsequently changed or amended by the Rockingham County Board of Commissioners. It is further understood and acknowledged that any development plans to be submitted pursuant to any such Conditional District so authorized shall be submitted to the Board of Commissioners for review and approval.

Signature of Owner

Signature of Owner

NOTARIZE SIGNATURES BELOW IF NOT WITNESSED BY STAFF

_____ County, North Carolina

I certify that _____ personally appeared before me this the ____ day of _____, _____, and acknowledged the due execution of the foregoing instrument.

Notary Signature

Notary Printed Name

My Commission Expires: _____

(Office Use Only)

<input type="radio"/> legal description of area <input type="radio"/> all owner signatures <input type="radio"/> fees <input type="radio"/> conditions <input type="radio"/> site plan	Case Number: _____
	Date of Planning Board Hearing _____
	Date of Board of Commissioners Hearing _____
	Planning Board Recommendation: Approve () Deny () Vote: _____ Board of Commissioners Decision: Approve () Deny () Vote: _____



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APPLICATION FOR CONDITIONAL ZONING MAP AMENDMENT

Conditions to be made part of the application

Case Number: _____

Proposed Conditional District conditions – list here or attach

Proposed Conditional District site plan – insert image or attach

I acknowledge that I have requested the above listed conditions and/or site plan with this rezoning.

Signature of Owner

Signature of Owner



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APPLICATION FOR CONDITIONAL ZONING MAP AMENDMENT

Alternate Owner Signature

(complete one for each alternate owner)

I, _____, owner of the property denoted by Rockingham County

Tax PIN(s) # _____, # _____, # _____

do hereby request that the property(ies) be granted a Rezoning to _____

with the conditions made part of the application.

I understand that the requested conditions are binding on the property. I also understand that if the Board of Commissioners approve the request for rezoning, they may add conditions that will be binding on the property. I feel this will serve my best interests.

Signature

Date

Mailing Address

City, State, Zip

Phone Number

Notarial Certificate

_____ County, North Carolina I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of principal(s).

Date: _____

Official Signature of Notary

_____, Notary Public

Notary's printed or typed name

(Official Seal)

My commission expires: _____