

Note: Application must be complete and Application fee must be paid at time of submittal

CONDITIONAL USE REZONING

A written description of the area petitioned along with a map of the area to be rezoned must be submitted along with a completed application and filing fee. A map depicting the property and area to be rezoned must accompany the application.

OFFICE USE ONLY

Application Number: _____ Date: _____ Receipt: _____
Related Projects: _____

Property Location: _____

Please Note: If only a part of a parcel is requested to be rezoned, write "part" after the Wake County Parcel ID Number and Real ID Number.

Wake County Parcel Identification Number(s):

Corresponding Real Identification Number(s):

Total Area (acres): _____

Current Use of Property:

Current Zoning: _____

Requested Zoning: _____

Based on the standards of the Unified Development Ordinance, this petition requests consideration of a Conditional Use District zoning authorizing or excluding (please specify) the uses and/or conditions described below. **All uses and/or conditions requested to be authorized and/or excluded are allowed by right in the district requested and this fact is hereby acknowledged by the applicant.**

Proposed Uses and/or Conditions: (use separate paper if necessary) _____

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CONDITIONAL USE REZONING

APPLICATION FOR CONDITIONAL USE REZONING OR CONDITIONAL USE PERMIT

Petitioner(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Interest in Property: _____

Owner, Agent, Lessee, Contract Purchaser, Other

Property Owner(s): _____

If the Property Owner(s) is not the Petitioner(s), please attach a completed Owner's Authorization form.

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Ownership is evidenced by Deed recorded in Books of Deeds: _____ Page _____, Wake County Register of Deeds

Site Designer: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

SIGNATURES (REQUIRED)

The undersigned states the above information is true and correct as (s)he is informed and believes.

Petitioner - Printed

Petitioner - Signature

Date

NOTARY STATEMENT

Sworn to and subscribed before me the _____ day of _____, 20____. Notary Public in and for the State of North Carolina.

My Commission Expires: _____

Notary Public
SEAL

Notary Public Printed

Date