



PLANNING DEPARTMENT

900 Seventh Avenue
Garner, NC 27529
919.773.4449
www.garnernc.gov

- CONDITIONAL REZONING: TIER 1 -

Note: Application must be complete and Application fee must be paid at time of submittal. See Fee Schedule for Application fee.

OFFICE USE ONLY		
Application Number: _____	Date: _____	Receipt: _____
Related Projects: _____	Fee Paid: _____	

REQUIREMENTS:

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.

Tier 1 conditional zoning requests identify a base district(s), any uses in that base district’s permitted uses which are to be permitted in the conditional zoning district, any other voluntarily proffered conditions such as architectural standards. Any uses in the underlying zoning district identified as requiring a special use permit will still require special use permit review if they are to be constructed or occupy a space on site.

Project 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 Numbers:

Corresponding Real Identification Numbers:

Total Acreage: _____

Current Zoning: _____

Requested Zoning: _____

Existing Use of the Property: _____

Based on the standards of the Unified Development Ordinance, this petition requests consideration of a Conditional District zoning authorizing the uses and/or conditions described below. All uses and/or conditions requested to be authorized are allowed, subject to the review process, otherwise identified for the use in the corresponding base district of the Town of Garner UDO (Section 6.1), and this fact is hereby acknowledged by the applicant.

Proposed Uses: (use separate paper if necessary):

Proposed Conditions: (use separate paper if necessary):

Applicant: _____

Contact Name (If different than above): _____ Phone: _____

Address: _____ Email: _____

City, State, Zip: _____

Interest in Property: Owner Agent Lessee Contract Purchaser Other

Property Owner: _____ Phone: _____

Address: _____ Email: _____

City, State, Zip: _____

Ownership is evidenced by Deed recorded in Books of Deeds: _____ Page: _____

Plan Design Firm: _____

Contact Name: _____ Phone: _____

Address: _____ Email: _____

City, State, Zip: _____

SIGNATURES (REQUIRED)

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

Applicant - Printed

Applicant - 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