



PLANNING DEPARTMENT

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

- GENERAL REZONING-

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.

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: _____

Applicant: _____

Contact Name: _____

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:
County Register of Deeds.

Page: _____, Wake

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