



## CITY OF ASHEBORO

### *Application for Zoning Ordinance Amendment*

**APPLICATION FEE** (*paid with application*)

***A TWO HUNDRED DOLLAR (\$200) FILING FEE IS REQUIRED FOR ANY AMENDMENT.***

### **APPLICATION INSTRUCTIONS**

THE REZONING PROCESS CAN BE COMPLEX. IT IS **HIGHLY RECOMMENDED THAT THE APPLICANT SPEAK WITH PLANNING DEPARTMENT STAFF PRIOR TO SUBMITTING THE APPLICATION AND PAYING THE HEARING FEE.** CONTACT STAFF AT (336) 626-1201 EXT. 225 TO ENSURE APPLICATION REQUIREMENTS ARE SATISFIED.

### **REQUIRED APPLICATION CONTENTS**

1. A ***DIMENSIONAL MAP***, AT A SCALE OF NOT MORE THAN 200 FEET TO THE INCH, SHOWING THE LAND WHICH WOULD BE COVERED BY THE PROPOSED AMENDMENT, IF THE AMENDMENT WOULD REQUIRE A CHANGE IN THE ZONING ATLAS.
2. A ***LEGAL DESCRIPTION*** OF SUCH LAND.
3. A ***LIST OF ALL ADJOINING PROPERTY OWNERS*** TO BE NOTIFIED BY THE APPLICANT BY 1<sup>ST</sup> CLASS MAIL AS REQUIRED BY SECTION 10114.B.

ONE COPY IS TO BE FILED WITH THE CITY MANAGER AND ONE COPY FILED WITH THE ZONING ADMINISTRATOR BY 5:00 PM ON THE DAY WHICH IS AT LEAST 55 DAYS PRIOR TO THE CITY COUNCIL MEETING AT WHICH THE REQUEST WILL BE CONSIDERED. **AT NO TIME SHALL THE CITY COUNCIL HEAR MORE THAN FIVE (5) CASES PER MONTH.** IF FIVE APPLICATIONS HAVE BEEN RECEIVED PRIOR TO THE CUT-OFF DATE, THE REQUEST WILL BE HEARD THE FOLLOWING MONTH.

### **MEETING INFORMATION\***

<i>Application Deadline</i>	<i>Planning Board Meeting</i>	<i>City Council Meeting</i>
December 9, 2011	<b>Tuesday</b> , January 3, 2012	February 9, 2012
January 12, 2012	February 6, 2012	March 8, 2012
February 10, 2012	March 5, 2012	April 5, 2012
March 15, 2012	April 2, 2012	May 10, 2012
April 13, 2012	May 7, 2012	June 7, 2012
May 16, 2012	June 4, 2012	July 12, 2012
June 14, 2012	June 25, 2012	August 9, 2012
July 12, 2012	August 6, 2012	September 6, 2012
August 9, 2012	August 27, 2012	October 4, 2012
September 14, 2012	October 1, 2012	November 8, 2012
October 10, 2012	November 5, 2012	December 6, 2012
November 14, 2012	December 3, 2012	January 10, 2013

**\*DATES SUBJECT TO CHANGE. CHECK WITH STAFF TO ENSURE CORRECT HEARING DATE AND TIME.**

**CITY OF ASHEBORO**

*Application for Zoning Ordinance Amendment*

**APPLICANT INFORMATION**

*Applicant* \_\_\_\_\_ *Applicant's Phone #* \_\_\_\_\_

*Applicant's Address* \_\_\_\_\_  
*street city state zip*

**PROPERTY INFORMATION FOR MAP AMENDMENTS**

*Property Owner's Name* \_\_\_\_\_

*Location of Property* \_\_\_\_\_ *Property Size (ac. or s.f.)* \_\_\_\_\_

*Randolph County Property Identification Number (PIN#)* \_\_\_\_\_

*Current Zoning District* \_\_\_\_\_ *Requested Zoning District* \_\_\_\_\_

*Date Property Title Acquired* \_\_\_\_\_ *Deed Book* \_\_\_\_\_ *Page* \_\_\_\_\_

*Subdivision* \_\_\_\_\_ *Section* \_\_\_\_\_ *Lot #* \_\_\_\_\_

*Plat Book* \_\_\_\_\_ *Page* \_\_\_\_\_

**ORDINANCE AMENDMENT INFORMATION**

SECTION 1011.2 OF THE ASHEBORO ZONING ORDINANCE REQUIRES THE APPLICANT TO ANSWER THE FOLLOWING QUESTIONS. **APPLICATION WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE COMPLETED.**

1. Are there alleged errors in this Ordinance that would be corrected by the proposed amendment? If so, give a detailed explanation of such error and detailed reasons how the proposed amendment will correct the errors.

\_\_\_\_\_  
\_\_\_\_\_

2. What are the changed or changing conditions, if any, in the jurisdiction of the City of Asheboro generally, which would make the proposed amendment reasonably necessary to the promotion of the public health, safety, and general welfare?

\_\_\_\_\_  
\_\_\_\_\_

3. In what manner will the proposed amendment carry out the intent of the Land Development Plan?

\_\_\_\_\_  
\_\_\_\_\_

4. Are there any other circumstances, factors, or reasons that the applicant offers in support of the proposed amendment?

\_\_\_\_\_  
\_\_\_\_\_

**CITY OF ASHEBORO**

*Application for Zoning Ordinance Amendment*

**APPLICANT AND AGENT SIGNATURES**

IT IS UNDERSTOOD BY THE UNDERSIGNED THAT WHILE THIS APPLICATION WILL BE CAREFULLY REVIEWED AND CONSIDERED, THE BURDEN OF PROVING THE NEED FOR THE PROPOSED AMENDMENT RESTS WITH THE APPLICANT.

**THE APPLICANT FOR REZONING TO ANY DISTRICT OTHER THAN A CONDITIONAL USE DISTRICT SHALL BE PROHIBITED FROM OFFERING ANY TESTIMONY OR EVIDENCE CONCERNING THE SPECIFIC MANNER IN WHICH HE OR SHE INTENDS TO USE OR DEVELOP THE PROPERTY.**

*Name of Agent (if any)*

*Name of Applicant or Owner*

*Agent's Address*

*Applicant or Owner's Address*

*Telephone Number*

*Telephone Number*

*Agent Signature*

*Applicant or Owner Signature*

**STAFF USE**

*Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_*