



Zoning Map Amendment Application

OFFICIAL USE ONLY:

UDO Number: _____

Date Filed: _____

Amount Paid: _____

Received By: _____

Contact Information

☐ PROPERTY OWNER

☐ APPLICANT

☐ AGENT FOR APPLICANT

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO APPLICANT (Y/N/NA) _____

Property Information

Physical Street Address _____

Location: _____

Parcel ID Number(s): _____

Deed Book/ Page Number and/or Plate Cabinet/Slide Number _____

Total Parcel(s) Acreage: _____ Perk Test or County Sewer Approval _____

Existing Land Use of Property: _____ Proposed Land Use _____

Request

Current Zoning of Property: _____ Proposed Zoning District: _____

Total Acreage for Rezoning: _____ Are you rezoning the entire parcel(s): ☐ Yes ☐ No

Metes and Bounds Description Provided: ☐ Yes ☐ No _____

Community Meeting, if applicable: Date Held: _____; Location: _____

Zoning Change Application Questions

The UDO requires the Board to consider principal issues when considering an application for a zoning change. Please respond to each issue in the space provided below or on a separate sheet.

(A) **What reasons/purpose for the rezoning request?**

(B) **Will the rezoning request cause noise, odors, light, activity or unusual disturbances?**

(C) **How will the proposed zoning change enhance the public health, safety, or welfare?**

(D) **Is the rezoning consistent with the purposes, goals, objectives and policies of the County's adopted policy guidance and future land use plans?**

(E) **Is the rezoning in the best interest of the public? Explain.**

(F) **For proposals to re-zone to non-residential districts along major arterial roads:**

(1) Is this an expansion of an adjacent zoning district of the same classification?

(2) What extraordinary showing of public need or demand is met by this application?

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

Property Owner(s)/Applicant

Date

Note: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.

01/15/2025