



# Zoning Map Amendment Application

**OFFICIAL USE ONLY:**  
 UDO Number: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Received By: \_\_\_\_\_

## Contact Information

### APPLICANT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: \_\_\_\_\_

## Property Information

Physical Street Address: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Parcel ID Number(s): \_\_\_\_\_  
 Total Parcel(s) Acreage: \_\_\_\_\_  
 Existing Land Use of Property: \_\_\_\_\_

## 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: \_\_\_\_\_

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.**

## 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) How will the proposed zoning change enhance the public health, safety, or welfare?

(B) Is the entire range of permitted uses in the requested classification more appropriate than the range of uses in the existing classification?

(C) 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?

## Camden County Administrative Manual, Section 2.8: Zoning Map Amendment (Excerpt)

Requests for Zoning Map Amendments (excluding Planned Developments) shall be submitted utilizing the Zoning Map Amendment application. Documents required:

- Zoning Map Amendment Application
- Soils Analysis stating soils are suitable for Septic
- Letter authorizing connection to County Sewer

### 2.8.1: Planned Development

---

- Zoning Map Amendment Application
- Master Plan submittal depicting standards listed in section [3.5](#) of the Camden County Administrative Manual and Article 151.3.7 of the Unified Development Ordinance
- Preliminary Plat depicting requirements listed in section [3.1](#). of the Camden County Administrative Manual.
- Conceptual layout of Drainage Plan indicating how the development will handle stormwater runoff, nearest outfall(s) and elevation of tailwater, upstream offsite watershed area of any lead ditch running through the development
- Perc test on 25% of lots to be developed unless connecting to Sewer.

**This page is not part of the application, this is a page staff will use to determine completeness of application. It is included here for your information only.**

***Zoning Map Amendment Design Standards and Submittal Checklist***

This table depicts the design standards of the site plan or map for a zoning map amendment application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

**Zoning Map Amendment - Site Plan Design Standards and Submittal Checklist**

Date Received: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant/Property Owner: \_\_\_\_\_

<b>Site Plan or Map Design Standards Checklist</b>		<b>Checkoff</b>
1	Lot / Parcel Dimensions	
2	Zoning Designation	
3	All Existing Physical Features (structures, buildings, streets, roads, etc.)	
4	Location and Dimensions of Any Proposed Construction may be submitted.	

**Zoning Map Amendment Submittal Checklist**

Staff will use the following checklist to determine the completeness of your application within ten business days of submittal. Please make sure all of the listed items are included. Staff shall not process an application for further review until it is determined to be complete.

<b>Zoning Map Amendment: Staff Checklist</b>		<b>Checkoff</b>
1	Complete Zoning Map Amendment Application	
2	Application Fee (\$650 plus \$10 Per Acre Over 10 Acres)	
3	Community Meeting Written Summary, If Applicable	
4	Site Plan or Map	
5	Metes and Bounds Survey, If Applicable	
6	5 Copies of Plans or Maps	
7	5 Hard Copies of ALL Documents	
8	1 PDF Digital Copy of All Plans AND Documents (on CD, not email)	

**Staff Use Only**

***Pre-Application Conference:***

Held On: \_\_\_\_\_ Location: \_\_\_\_\_

Person(s) Present: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_