

**ZONING MAP AMENDMENT APPLICATION  
(CONDITIONAL REZONING)  
EDGECOMBE COUNTY**



Staff Use Only

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

Case No. \_\_\_\_\_

**Property Information**

Location: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Total Acreage to be Rezoned: \_\_\_\_\_

Rezoning from \_\_\_\_\_ district to \_\_\_\_\_ district.

Condition(s): \_\_\_\_\_

**Attachments**

- A non-refundable fee of \$275 (checks payable to "Edgecombe County Planning Dept")
- A listing of the names and mailing addresses of the record owners for real property tax purposes of all properties located within 100 feet of the property requested to be rezoned.
- A concept plan per Section 2.3.5 C.3.

**Acknowledgements**

- I hereby authorize Planning Staff to videotape or photograph the site prior to the Planning Board meeting.

**Applicant:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If the request is made by a corporation, the names and addresses of all officers in the corporation must be provided. The applicant or applicant's representative is expected to attend all meetings to answer questions concerning the rezoning request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Board of Commissioners. Please review Section 2.3.5 of the UDO for specific regulations and procedures.*