

**ZONING MAP AMENDMENT APPLICATION
REZONING (PLANNED DEVELOPMENT)
EDGECOMBE COUNTY**



Staff Use Only

Date: _____

Case No. _____

Property Information

Location: _____

Parcel Number(s): _____

Total Acreage to be Rezoned: _____

Rezoning from _____ district to _____ district.

Attachments

- A non-refundable fee of \$200 (checks payable to "Edgecombe County Planning Dept")
- A metes and bounds description and a scaled map of the real property affected by the requested rezoning

Acknowledgements

• I hereby authorize the 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 2.3.16 of the UDO for specific regulations and procedures.