

Official Rezoning Application

****(Note: Please read this application thoroughly before completing. Please print or type all information on this form)****

Section A. USING THE APPLICATION FORM:
SEE NOTES BELOW:

Ø Twenty (20) copies of the attached application form and Twenty (20) copies of the proposed rezoning plat should be submitted to the Town of Mount Olive Zoning Administrator.

NOTE: Ten (10) copies are for planning board submittal;
The remaining ten (10) are for council, staff, clerk and public review

NOTE: You are encouraged to arrange an informal pre-application conference with the Zoning Administrator at least three (3) weeks prior to the date upon which you intend to submit an application. By attending this conference, you will improve your chances of submitting a complete and acceptable application. You should bring a rough sketch of your proposal to this conference. Staff will assist you in preparing an acceptable application.

Ø The property owner or his authorized agent should complete the application. Where an agent is making it, the written authorization may be shown on the face of the draft plan.

Ø It is the responsibility of the owner to research and evaluate the site and the proposal to ensure that the rezoning will conform with the interests of the health, safety and welfare of the residents in and around the area to be rezoned.

Ø It is the responsibility of the owner to prepare a statement of consistency of the proposed rezoning with the town's comprehensive plan.

Ø The rezoning process period begins when your completed application form has been accepted by the Zoning Administrator. Acceptance means that the application has been stamped received and given a file number from staff. Further, a complete application includes the appropriate fees and supporting documentation. All incomplete applications will be returned to the applicant with a letter outlining its deficiencies.

Section B. GETTING STARTED

Please fill in the following information in accordance with the requirements of the Town of Mount Olive Zoning Ordinance:

OWNERSHIP INFORMATION:

Property Owner: _____

Owner's Address: _____ City, State, _____

Property Owner Email Address: _____

Date Property Acquired: _____ Utilities Provided: (Water _____ (Sewer) _____
(Public Well, Other) (Septic, Sewer)

LOCATION OF PROPERTY (Address or Description): _____

Tax Parcel Number(s): _____

Current Land Use: _____

Size (Sq.Ft. or Acres): _____

ZONING REQUEST:

Existing Zoning: _____ Proposed Zoning: _____

Purpose of Zoning Change:

Consultant: (Person to contact regarding questions or revisions to the plan)

Name(s): _____

Address: _____

Zip _____

Telephone Number: ()

Fax Number: ()

E-Mail Address: _____

Section C. REQUIRED MAP(S) AND ADJACENT PROPERTY OWNERS LIST

1. Attach an accurate schematic site plan map drawn to scale and at a maximum of 24" x 36" of one inch equals forty feet, of the property proposed for rezoning. Be sure to show the following:

- Ø All property Lines with dimensions, north arrow
- Ø Adjoining streets with rights-of-way and paving widths
- Ø The location of all structures
- Ø The use of all land
- Ø Zoning classification of all abutting zoning districts

2. Attach the names and addresses and tax parcel numbers of the properties immediately adjacent to the property of the request, including property owner(s) directly across right-of-ways.

(Use Adjacent Property Owners Sheet at the end of this Application)

- Ø Completed and attached

Section D. ACCURATE BOUNDARY DESCRIPTION

Ø Furnish a legal metes and bounds description of the proposed area to be rezoned and copied to a R/W CD.

- Ø Furnish a General Warranty Deed or current Title opinion for the proposed property

Section E. STATEMENT(S) OF CONSISTENCY

1. On a separate piece of paper either type or print a statement(s) of consistency of the proposed rezoning request with the town's comprehensive plan. The Zoning Administrator can offer assistance with this section.

0 Completed and attached

ADJACENT PROPERTY OWNERS LIST

Property Owner _____

Property Address _____

Town of Mount Olive
114 E. James Street
P O Box 939
Mount Olive, NC 28365
919-658-9538
FAX – 919-658-5257

I hereby certify that the names and addresses below are those of the adjacent property owners listed in the current tax records of the Wayne County Register of Deeds. Adjacent property includes all property across roadways (public and private), watercourses, railroads, and/or municipal boundaries.

APPLICANT'S SIGNATURE

Tax Map & Parcel Number	Name	Address (include City, State & Zip)
1		
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