

Internal Use Only

FILE # \_\_\_\_\_

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# TOWN OF NEWPORT, NORTH CAROLINA

## Petition Requesting Amendment of the Official Zoning Map of Newport, North Carolina

(Rezoning/Zoning Map Amendment)

Last revised 5/12/20

Address/Location: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Acreage of Parcel: \_\_\_\_\_ Acreage to be Rezoned: \_\_\_\_\_

PIN(s): \_\_\_\_\_

Core CAMA Land Use Plan Area: \_\_\_\_\_

**Contact Person/Applicant:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Owner(s) of Record** (If different than applicant):

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those PINs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your reason for petitioning for the rezoning. Cite any necessary or appropriate facts to support the petition. Be sure to also note in which ways this request is consistent with various goals and objectives outlined in the Core CAMA Land Use Plan.

**Conditional Zoning District Classification**

In cases where the standards of a base zoning district are inadequate to ensure the compatibility of a proposed development with immediately surrounding lands, the applicant may apply for an amendment to the Official Zoning Map to a Conditional Zoning District Classification.

Please list any additional conditions or restrictions that are beyond the standards of the parallel base zoning district below:

**Attachments Required** – provide a copy of each:

1. *Recorded plat or boundary survey of the parcel(s) requested for the rezoning.* If there is no recorded plat or boundary survey, please provide legal description of the parcel(s) and the Deed Book and page number.
2. *Ownership information* – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

**If the applicant is a contract purchaser or an agent of the owner, an owner/agent agreement must be attached.**

**Certification**

I (We) hereby certify that I (we) own the subject property, or have the legal power to act on behalf of the owner in filing this application. I (We) also certify that the information furnished in this application is accurate to the best of my (our) knowledge.

\_\_\_\_\_  
*Print Name of Owner/Applicant*

\_\_\_\_\_  
*Signature of Owner/Applicant*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Print Name of Owner/Applicant*

\_\_\_\_\_  
*Signature of Owner/Applicant*

\_\_\_\_\_  
Date