



REZONING APPLICATION FORM

for
CITY OF MOUNT AIRY
PLANNING DEPARTMENT
P.O. Box 70
300 South Main Street
Mount Airy, NC 27030
336/786-3520, Fax 336/719-7506

City of Mount Airy

DATE FILED _____* APPLICATION NO. _____

The undersigned does (do) hereby respectfully make application and request to the City of Mount Airy to amend the Zoning Map of Mount Airy as hereinafter requested and in support of this application the following facts are shown:

1. Property Owner: _____

Address: _____

as evidenced by Deed Book _____ on Page _____ in the Surry County Register of Deeds office. There are no restrictions or covenants of record appearing in the chain of title which would prohibit the property from being put to the use specified in Paragraph 7 of this application.

2. Property Location: _____

Surry County tax ID number: Tax Map(s) _____, Block (s)

_____, Parcel (s) _____. Property has a total public street frontage of _____ feet and is approximately _____ acres in size. See attached tax map and/or survey.

3. A complete legal description of the boundaries of said property is attached to this application along with a survey or tax map of said property.

4. Subject property is currently within the City limits _____ or ETJ _____ (check one).

5. If property is outside the corporate limits will voluntary annexation be requested? _____ Yes
_____ No

6. Current use of property: _____

7. Existing Zoning: _____
Requested Zoning: _____

* Deadline for complete rezoning applications is the 1st of each month. The Planning Board meets the fourth Monday of each month at 5:30 p.m. in the downstairs conference room.

8. Please state the proposed use of the property and attach a surveyed site plan drawn to scale. For a conditional rezoning application, please list any specific conditions that you are willing to apply to the site: _____

9. Staff will notify adjoining property owners within 100' of your property regarding this request.

NAME OF APPLICANT(S) (please print)

INTEREST OF APPLICANT IN SUBJECT PROPERTY

ADDRESS: _____

PHONE NUMBER: _____ SIGNATURE: _____

**NORTH CAROLINA
SURRY COUNTY**

Sworn and subscribed to me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

(Seal)

NOTARY PUBLIC

INSTRUCTIONS:

Applications must be typed or printed and filed with the Planning Department together with the application fee and required attachments by the 1st day of the month prior to the meeting at which it is to be considered. The Planning Board meets regularly on the fourth Monday of the month at 5:30 p.m. in City Hall and has 45 days to prepare its recommendation to the Board of Commissioners. The Board of Commissioners, upon receipt of the recommendation, will then set a public hearing date after which the application shall be acted upon. For assistance or further information please contact the Planning Department at 336/786-3520.

..... **For Office Use Only**

Planning Board Initial Review _____

Recommendation: _____

Board of Commissioners Initial Review Date _____ Public Hearing Date _____

Final Decision: _____