



**Town of Jamestown
Planning Department
Application for Rezoning**

Applicant: _____ **Address:** _____

Phone Number: _____ **Email:** _____

Owner's Name (if different than above): _____

Owner's Address (if different than above): _____

Owner's Phone (if different than above): _____

Parcel Tax Map, Block, & Lot #: _____

Deed/Plat Book & Page: _____ **Acreage being rezoned:** _____

Total Parcel acreage: _____

Current Zoning: _____ **Zoning Requested:** _____

Special Uses requested: _____

Purpose for Rezoning Request (attach additional sheets if necessary): _____

List any Conditional Uses (if applicable, use additional sheets if necessary):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Per Article 3 Section 3-2.2 of the Town of Jamestown Development Ordinance, the undersigned hereby requests the Jamestown Planning and Zoning Board to consider rezoning the land as specified above and on attached documentation and submit a recommendation to the Town Council. The undersigned land owner, agent, representative and other involved parties agree to allow Town of Jamestown staff, contractors, and authorized representatives to access the property for the purposes of necessary studies and for posting public notices.

I certify on this date that all the information presented in this petition/application is accurate to the best of my knowledge, information and belief. Further, I understand that should this application be approved by the Town Council, no site activity can take place until a site plan and/or any other land development permits are issued. All signatures MUST be notarized.

Authorized Signature: _____ [Owner | Agent

IF AUTHORIZED SIGNATURE IS NOT THE PROPERTY OWNER, PLEASE HAVE ALL PROPERTY OWNERS SIGN BELOW INDICATING THAT THEY ARE AWARE OF THE PETITION FOR A REZONING ON THEIR BEHALF. ADDITIONAL SHEETS MAY BE ATTACHED TO THIS PETITION AS NECESSARY.

Owner: _____ Date: _____

Date: _____ Fees: _____

NORTH CAROLINA
GUILFORD COUNTY

I, _____, a Notary Public of North Carolina certify that _____, and _____, and _____ personally came before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

(Official Seal)

Notary Public

Printed Name of Notary Public

My Commission Expires: _____

Additional Requirements: (this application and the following items must be supplied on or before the last day of the month prior to the Planning-Zoning Board meeting):

1. Fee (available from Town Planner)
2. Ten (10) copies of Tax Map or other drawing showing location of proposed zoning line(s)
3. List of adjacent property owners for all land owners with property lines touching the subject parcel(s) and across the street from subject property.
4. Copy of Deed and/or subdivision map from Register of Deeds
5. Letter of "Reasonableness" of proposed rezoning to be prepared for each petition to rezone to a special or conditional use district, or a conditional district, or other small-scale rezoning, to be prepared by applicant.

For Office Use Only:

Date Granted/Denied: _____