Town of Grimesland Rezoning Application

C/O Mid-East Commission
1502 N. Market Street
Washington, NC 27889
Phone: (252) 974-1810
Fax: (252) 946-5489

OWNER/APPLICANT INFORMATION

OWNER: _____ APPLICANT: _____

PHONE #: _____ PHONE #: _____

ADDRESS: _____ ADDRESS: _____

PROPERTY INFORMATION

PROPERTY LOCATION (Address or Description): _____

_____

DATE PROPERTY ACQUIRED: _____ DEED REFERENCE: _____

PROPERTY SIZE (sq. ft. or acres): _____ ROAD FRONTAGE: _____

CURRENT LAND USE: _____

METES AND BOUNDS DESCRIPTION AND SCALED MAP OF PROPERTY ATTACHED: YES/NO _____

NAMES, ADDRESSES AND LAND USES OF PROPERTIES ADJACENT TO REZONED PROPERTY (attach separate sheet if necessary):

_____

_____

_____

REZONING REQUEST:

EXISTING ZONING: _____ PROPOSED ZONING: _____

PURPOSE OF REZONING: _____

_____

_____

Application must be completed in full and returned with the application fee to the Town of Grimesland at least forty (40) working days prior to the regularly scheduled public meeting for the purpose of zoning amendments. No application will be considered until all required information and fees are submitted along with a metes and bounds description of the property and a scaled map. The undersigned states that all information given herein is true and authorizes the Town of Grimesland and Mid-East staff to enter onto the property to display notice of this request and to ensure all applicable rules and regulations are being met.

REZONING REQUEST Fee Amount _____ Date Paid _____

OWNER SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PLANNING BOARD RECOMMENDATION: APPROVAL ☐ MEETING DATE: _____

DENIAL ☐

BOARD OF ALDERMEN DECISION: APPROVED ☐ MEETING DATE: _____

DENIED ☐

ZONING OFFICER SIGNATURE: _____ DATE: _____

CONDITIONS/COMMENTS: _____