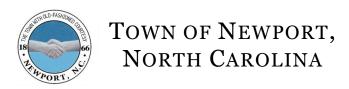
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Internal Use Only
FILE #
RECEIVED



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

(Rezoning/Zoning Map Amendment)
Last revised 5/12/20

Current Zoning:	Proposed Zoning:		
Acreage of Parcel:	Acreage to be Rezoned:		
PIN(s):			
Contact Person/Applicar	nt:		
Address:			
		Zip:	
Phone Number: Owner(s) of Record (If di			
Phone Number: Owner(s) of Record (If di	fferent than applicant):		
Phone Number: Owner(s) of Record (If di Address:	fferent than applicant):	Zip:	
Phone Number: Owner(s) of Record (If di Address:	fferent than applicant): State:		
Phone Number: Owner(s) of Record (If di Address: City: Phone Number:	fferent than applicant): State: wn or have any ownership		? If y

Page 2 of 3

	cts to support the petition. Be sure to also note in which ways this request is a various goals and objectives outlined in the Core CAMA Land Use Plan.
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Conditional	
vonunuunal	Zoning District Classification
n cases where compatibility of applicant may	Zoning District Classification the standards of a base zoning district are inadequate to ensure the of a proposed development with immediately surrounding lands, the apply for an amendment to the Official Zoning Map to a Conditional Zoning fication.
In cases where compatibility of applicant may District Classif	the standards of a base zoning district are inadequate to ensure the of a proposed development with immediately surrounding lands, the apply for an amendment to the Official Zoning Map to a Conditional Zoning fication. additional conditions or restrictions that are beyond the standards of the
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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 lethe owner in filing this application. I (We) also certify that the 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