

ALEXANDER COUNTY
NORTH CAROLINA



PETITION FOR REZONING
APPLICATION PACKET

Alexander County
Planning and Development
151 W. Main Ave
Taylorsville, NC 28681
(828) 632-1000



ALEXANDER COUNTY
North Carolina
General Rezoning Application

Case #: _____
Tax PIN#: _____
Date Submitted: _____

A) OWNER/APPLICANT OR AGENT INFORMATION:

1) APPLICANT: _____

ADDRESS: _____

TELEPHONE #: _____ EMAIL: _____

2) PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE #: _____ EMAIL: _____

Check here if there are additional property owners, and attach their names, addresses and telephone numbers.

3) Will an attorney, engineer, realtor or other agent represent the applicant/property owner in this matter?

REPRESENTATIVE: _____

ADDRESS: _____

TELEPHONE #: _____ EMAIL: _____

B) PROPERTY INFORMATION:

1) PROPERTY LOCATION (Address or Description): _____

DEED BOOK/PAGE: _____ TAX PIN# _____ SIZE (sqft./acres): _____

____ Check here if there are more than two lots and attach a list of the properties to be considered for rezoning.

4) UTILITIES (please circle): Public Water Well Public Sewer Septic System

5) AMOUNT OF ROAD FRONTAGE: _____ CURRENT LAND USE: _____

6) METES AND BOUNDS DESCRIPTION ATTACHED: YES NO

C) REZONING REQUEST:

1) CURRENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT: _____

PLEASE NOTE: THE PLANNING & ZONING COMMISSION AND BOARD OF COMMISSIONERS MUST CONSIDER ALL USES WITHIN THE REQUESTED ZONING DISTRICT, NOT MERELY THE USE OF WHICH YOU ARE PROPOSING.

D) REQUIRED SIGNATURES:

I/We, the undersigned, do hereby make application and petition to amend the Official Zoning Map of Alexander County/Town of Taylorsville as herein requested. I/We, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my/our knowledge, and do hereby request the Board of Commissioners or Town Council take action as sought by this application.

- 1) _____ (Owner's Name-*please print*) _____ (Owner's Signature) _____ (Date)
- 2) _____ (Owner's Name-*please print*) _____ (Owner's Signature) _____ (Date)
- 3) _____ (Applicant's Name-*please print*) _____ (Applicant's Signature) _____ (Date)
- 4) _____ (Representative's Name-*please print*) _____ (Representative's Signature) _____ (Date)

If there are additional property owners, applicants or representatives, please attach an additional signature sheet with their names and signatures. If the applicant is different from the property owner, both parties must sign the application.

Corporations, Limited Liability Corporations, Partnerships or other similar entities: please include a notarized Official Corporate Certification authorizing a representative to sign on behalf of the corporation.

STAFF USE ONLY – APPLICANT: DO NOT WRITE BELOW THIS LINE

Staff Initials: _____ Date: _____ Receipt #: _____

PB Meeting Date: _____	BOC Meeting Date: _____
Published on: _____	Published on: _____
Letters Mailed: _____	Letters Mailed: _____
Sign posted: _____	Sign posted: _____

PZC Recommendation: Approved Denied Applicant Notified: _____

BOC Action: Approved Denied Applicant Notified: _____

Staff Signature: _____ Date: _____

Staff Comments: _____

GUIDELINES FOR THE APPLICATION TO AMEND THE OFFICIAL ZONING MAP

1. The petition must be filed with the Director of Planning and Development at least thirty (30) days prior to the meeting at which it is to be considered by the Planning Board. The following items are required at the time of submission:
 - A) A completed petition;
 - B) A filing fee of \$500.00; and

Staff will then post a sign on the subject property. The sign will be placed on the property in a prominent position no later than ten (10) days prior to the first public meeting at which the case is to be considered.
2. An application may only be withdrawn by written request from the applicant or property owner. If such request is received prior to submitting public notices to the newspaper, filing fees may be refunded. However, if the application is withdrawn after public notices are published, application fees cannot be refunded.
3. All exhibits, including maps, pictures, drawings, mounted materials, models, etc., presented at the public hearing become part of the petition and the permanent record, and shall be considered the property of the County. Such items shall not be returned to the petitioner. Where an identical copy not yet mounted can be provided for the County's record, then the petitioner may request in writing the retrieval of mounted documents. Please note that the Planning Board and the County Commissioners/ Town Council must consider all of the uses within the requested zoning district, not merely the use for which you are proposing.
4. The Alexander County Planning Board meets on the 2nd Thursday of every month and calls for a public hearing on all rezoning petitions. A notice of public hearing is published in the *Taylorsville Times* and adjoining property owners are notified by first class mail. The property is also posted with a sign giving notice of the rezoning. After holding the public hearing, the Planning and Zoning Commission will submit their recommendation to the Board of Commissioners or Town Council for final action.
5. Depending on jurisdictional authority, either the Alexander County Board of Commissioners or Taylorsville Town Council will consider the Rezoning Application.
6. The Taylorsville Town Council meets the 1st Tuesday of each month and 5:30pm in the Town Council Chambers located at 67 Main Ave. Drive, Taylorsville. The Town Council may choose to approve or deny the application.
7. The Alexander County Board of Commissioners meet the 1st Monday of every month and shall also call a public hearing and notify persons as mentioned above. The Board of Commissioners may choose to approve or deny the application.
8. An applicant cannot reapply for a previously denied rezoning petition until one year has passed from the date of denial from the Board.