

# REZONING REVIEW Form

ROCKY MOUNT  
DEVELOPMENT SERVICES  
THE CENTER OF IT ALL



Applicant Name:		Daytime Telephone:
Company/Firm Name:		
Applicant Mailing Address:		
Applicant Email Address:		
Property Owner(s):		Daytime Telephone:
Owner Mailing Address:		
Surveyor/Engineer:		Daytime Telephone:
Address of Subject Site:		
County:	Parcel Identification Number (PIN):	
Request to Rezone Subject Site From: _____ To: _____		
List Any Conditions: _____		
_____		
_____		
_____		
DETAILS FOR TEXT AMENDMENT		
Describe Nature of Request: _____		
_____		
_____		
_____		

**Attach one map of the subject site.**       **Attach legal description for the subject site.**

Application fees: <input type="checkbox"/> \$250 Basic/General Use Request <input type="checkbox"/> \$300 Conditional Use Request
<input type="checkbox"/> \$500 PDR (Development Plan) <input type="checkbox"/> \$250 Text Amendment <input type="checkbox"/> \$300 Split Zoning Request

To the best of my knowledge and ability, I certify that the above information, and that contained on the attached plat, is true accurate and complies with all the applicable City ordinances and State law regarding subdivisions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Do not write below this line. For office use only.)*

Application Number: _____	Date Received: _____	Staff Initials: _____
Authorized Signature: _____		Date: _____
Fee of \$ _____ paid on ____/____/____		Staff Initials _____

*Revised 12/19*