



GATES COUNTY PLANNING AND ZONING

Planning Board Rezoning Application

Date Submitted: _____ **Fee/Receipt # \$700.00/ per lot** _____ **Case Number** _____

Provide the required information as indicated below. Pursuant to the Gates County Development Ordinance, this application will not be processed until application fees are paid; the form below is completed and signed; and all required maps, plans and documents have been submitted to the satisfaction of the Enforcement Officer. Additional sheets for tax references and signature blocks are available upon request.

OWNER INFORMATION

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email _____

APPLICANT INFORMATION – If not property owner, a notarized statement of permission is required from property owner.

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Said property is located at _____ in _____ Township; Being a total of: _____ acres.

This property is currently zoned as: _____. The request is to rezone the property to: _____. For the purpose of _____.

Further referenced by the Gates County Tax Department as:

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Check One:

The property requesting rezoning is an entire parcel or parcels as shown on the Gates County Tax Map.

The property requesting rezoning is a portion parcel or parcels to be subdivided by legal subdivision plat. **A written legal description of the property and map are attached.**

Check One:

Public Services (i.e. water and sewer) are not requested or required.

Public Services (i.e. water and sewer) are requested or required; the approval letter is attached.



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Check One:

- The applicant is the property owner(s)
- The applicant is an agent representing the property owner(s); the letter of property owner permission is attached.
- The applicant has an option to purchase or lease the property; a copy of the offer to purchase or lease is attached (financial figures may be deleted).

I hereby agree to conform to all applicable laws of Gates County and the State of North Carolina and certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that by filing this application, representatives from Gates County Planning and Development may enter the subject property for the purpose of investigation and analysis of this request.

YOU OR SOMEONE REPRESENTING YOU MUST BE PRESENT AT THE PUBLIC HEARING

Respectfully Submitted,

Property Owner Signature

Representative Signature (if applicable)

Name

Name

Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Phone Number

Phone Number



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Additional Tax Maps References

Further referenced by Gates County Tax Department as:

| | |
|--------------------|--------------------|
| Tax Parcel # _____ | Tax Parcel # _____ |
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Additional Signatures

I hereby agree to conform to all applicable laws of Gates County and the State of North Carolina and certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that by filing this application, representatives from Gates County Planning and Development may enter the subject property for the purpose of investigation and analysis of this request.

YOU OR SOMEONE REPRESENTING YOU MUST BE PRESENT AT THE PUBLIC HEARING

Property Owner Signature

Representative Signature (if applicable)

Name

Name

Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Phone Number

Phone Number



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REZONING APPLICATION**



Property Owner Signature

Property Owner Signature

Name

Name

Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Phone Number

Phone Number