



Rowan County Department of
Planning & Development
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Case # PCUR
Date Filed _____
Received By _____
Amount Paid _____

Office Use Only

===== PARALLEL CONDITIONAL USE REZONING APPLICATION =====

OWNERSHIP INFORMATION:

Name: _____
Signature: _____
Phone: _____ Email: _____
Address: _____

APPLICANT / AGENT INFORMATION (Complete affidavit on back if other than owner):

Name: _____
Signature: _____
Phone: _____ Email: _____
Address: _____

PROPERTY DETAILS:

Tax Parcel(s): _____ Size (sq.ft. or acres): _____
Property Location: _____
Current Land Use: _____
Date Acquired: _____ Deed Reference: Book _____ Page _____

Surrounding Land Use: North _____
South _____
East _____
West _____

Existing Zoning _____ Requested Zoning _____ - CUD

PURPOSE & SECTION:

State purpose of conditional use permit:

Cite section(s) of Zoning Ordinance which permit is being requested:

ATTACHED DOCUMENTS:

Applicant must attach a response to the evaluation criteria from Section 21-59 and an accompanying site plan based on information required in Section 21-52 and 21-60.

Attached: Yes No

Applicant shall, at the time the application is made, present all the necessary evidence (maps, drawings, statements, certifications, etc.) showing how the requirements of the applicable sections of the Zoning Ordinance will be met.

AFFADAVIT OF OWNER

To be completed if a second party will represent case

I (We), _____, owner(s) of the within described property do hereby request the proposed rezoning and hereby authorize the person listed below to act as my (our) duly authorized agent in this matter.

Signature(s): _____

Date: _____

Name of Applicant / Agent: _____

Address: _____

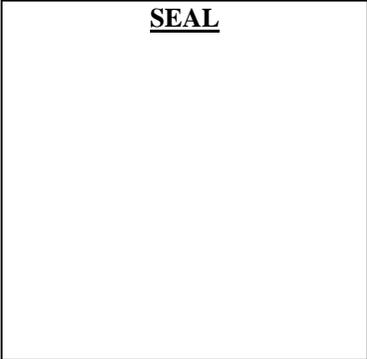
Phone Number: _____

IT IS UNDERSTOOD BY ALL PARTIES HERETO INCLUDING OWNER(S) & APPLICANT(S) / AGENT(S) THAT WHILE THIS APPLICATION WILL BE CAREFULLY CONSIDERED AND REVIEWED, THE BURDEN OF PROVIDING ITS NEED RESTS WITH THE ABOVE NAMED APPLICANT WHETHER OWNER, NON-OWNERS, OR OWNER'S AGENT.

STATE OF _____ COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

My commission expires _____, 20 ____.



OFFICIAL USE ONLY

- 1. Signature of Rezoning Coordinator: _____
- 2. Planning Board Courtesy Hearing: ____/____/____
- 3. Notifications Mailed: ____/____/____
- 4. Property Posted: ____/____/____
- 5. Planning Board Action: Approved _____ Denied _____
- 6. Board of Commissioners Public Hearing: ____/____/____
- 7. Notifications Mailed: ____/____/____
- 8. Property Posted: ____/____/____
- 9. Dates Advertised: 1st ____/____/____ 2nd ____/____/____
- 10. BOC Action: Approved _____ Denied _____
- 11. Date Applicant Notified: ____/____/____