



CITY OF ARCHDALE

307 BALFOUR DRIVE

P.O. BOX 14068

ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141

FAX: (336) 431-2130

THE UNDERSIGNED do/does hereby respectfully make application and request to the City of Archdale to amend the **Zoning Ordinance** and change the Official Zoning Map of the city as hereafter requested, and in support of this application the following facts are shown:

1. It is desired and requested that the property hereinafter described be rezoned from zone to .

2. The property sought to be rezoned is owned by:
Address:
Phone #:

3. **Legal Description:**

Property Identification Number: (PIN#)
Lot(s) #
Name of Subdivision: Plat Book: Page:

4. The lot(s) to be rezoned have a frontage of linear feet and a depth of linear feet, containing square feet more or less.

5. If the property is rezoned, it is understood by all that development must conform to the minimum requirements of the City of Archdale Development Ordinance where applicable.

6. The applicant shall present a map showing the property being requested for rezoning. He/she shall also present the names and addresses of those persons owning property which adjoins the land sought for rezoning.

Name of Applicant

Signature of Applicant

This application must be filed with the **Director of Planning and Zoning** forty-five (45) days prior to the scheduled Planning Board meeting and must be accompanied by a (\$500.00) filing fee.