

**CITY OF ROCKY MOUNT
REZONING REVIEW FORM**

APPLICANT INFORMATION:

APPLICANT'S NAME: _____
COMPANY/FIRM: _____
MAILING ADDRESS: _____
DAYTIME PHONE: _____ Fax: _____

PROPERTY OWNER INFORMATION:

PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____
DAYTIME PHONE: _____ Fax: _____

SURVEYOR/ENGINEER INFORMATION:

NAME: _____
DAYTIME PHONE: _____ Fax: _____
CONTACT PERSON: _____

DETAILS FOR REZONING PROPERTY:

ADDRESS/DESCRIPTION OF SUBJECT SITE: _____
COUNTY: _____ TAX MAP PARCEL NO: _____
REQUEST TO REZONE SUBJECT SITE FROM: _____ TO: _____
LIST ANY CONDITIONS: _____

- * ATTACH ONE MAP OF THE SUBJECT SITE
- * ATTACH LEGAL DESCRIPTION FOR THE SUBJECT SITE
- * APPLICATION FEES:

\$ 250 Basic/General Use Request	\$ 500 PDR (Development Plan)
\$ 300 Conditional Use Request	\$ 250 Text Change
\$ 300 Split Zoning Request	

DETAILS FOR TEXT AMENDMENT:

DESCRIBE NATURE OF 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 the all applicable City ordinances and State laws regarding subdivisions.

By _____ Date _____