



Town of Smithfield  
Planning Department  
350 E. Market St Smithfield, NC 27577  
P.O. Box 761, Smithfield, NC 27577  
Phone: 919-934-2116  
Fax: 919-934-1134

## REZONING APPLICATION

*Pursuant to Article 4, Section 4-1 of the Unified Development Ordinance, proposed amendments may be initiated by the Town Council, Planning Board, Board of Adjustment, members of the public, or by one or more interested parties. **Rezoning applications must be accompanied by one (1) application, one (1) required plan, an Owner's Consent Form (attached), (1) electronic submittal and the application fee.***

Name of Project: \_\_\_\_\_ Acreage of Property: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Deed Book: \_\_\_\_\_ Deed Page(s): \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Existing Zoning District: \_\_\_\_\_

Requested Zoning District \_\_\_\_\_

Is project within a Planned Development:       Yes       No

Planned Development District (if applicable): \_\_\_\_\_

Is project within an Overlay District:       Yes       No

Overlay District (if applicable): \_\_\_\_\_

### FOR OFFICE USE ONLY

File Number: _____	Date Received: _____	Amount Paid: _____
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**OWNER INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REQUIRED PLANS AND SUPPLEMENTAL INFORMATION**

*The following items must accompany a rezoning application. This information is required to be present on all plans, except where otherwise noted:*

- A map with metes and bounds description of the property proposed for reclassification.
- A list of adjacent property owners.
- A statement of justification.
- Other applicable documentation: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

*Please provide detailed information concerning all requests. Attach additional sheets if necessary.*

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**APPLICANT AFFIDAVIT**

*I/We, the undersigned, do hereby make application and petition to the Town Council of the Town of Smithfield to approve the subject zoning map amendment. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Smithfield, North Carolina, and will not be returned.*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*



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## OWNER'S CONSENT FORM

Name of Project: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

### OWNERS AUTHORIZATION

I hereby give CONSENT to \_\_\_\_\_ (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application(s) indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify I have full knowledge the property I have an ownership interest in the subject of this application. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Smithfield to publish, copy or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

\_\_\_\_\_  
*Signature of Owner*                      *Print Name*                      *Date*

### CERTIFICATION OF APPLICANT AND/OR PROPERTY OWNER

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Smithfield, North Carolina, and will not be returned.

\_\_\_\_\_  
*Signature of Owner/Applicant*                      *Print Name*                      *Date*

### FOR OFFICE USE ONLY

File Number:	Date Received:	Parcel ID Number:
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