

This application is for:

board in Red Cross Town Hall.

# Town of Red Cross 176 East Red Cross Road

Oakboro, NC 28129 704-485-2002

www.townofredcross.com

#### INFORMATION FOR APPLICANTS REQUESTING A CHANGE IN ZONING OR ZONING VARIANCE

) a change in Zoning

( ) a Zoning Variance
In order to apply for a <b>Zoning Change</b> , a complete Development Package (DP) must be submitted. The DP consists of:
1. One completed and notarized application form;
Included: □ Yes □ No  2. One Re-Zoning location map including all property lines with dimensions and north arrow. This must include the zoning of surrounding properties. A copy from www.stanlygis.net is acceptable if the property size and location is correct on their site.  Included: □ Yes □ No
3. One Land Use Statement detailing purpose of request; Included: □ Yes □ No
4. One Traffic Impact Analysis Statement, including location of all streets and uses of all surrounding land.
Included: □ Yes □ No
5. One copy of filed plat OR field notes and map of survey, containing metes and bounds description tied to block corner with surveyor's seal if the change pertains to Commercial (NB,HB), Industrial or Manufacturing. Included: □ Yes □ No
For a <b>Zoning Variance</b> , please submit to the Town Zoning Enforcement Officer the following:
1. A completed application form; Included: □ Yes □ No
2. A copy of your deed. Included: □ Yes □ No
3. A sketch of the subject property indicating road or street names and dimensions of the property, see application for more details.  Included: □ Yes □ No
A calendar of deadlines for submitting applications together with meeting dates is posted on the bulletin

For each application, a non-refundable application fee of \$265.00 is due payable to the Town of Red Cross. This fee pays for staff time in processing your application and for newspaper publication costs.



Permit No:	

## **ZONING VARIANCE APPLICATION**

Fee Due: \$ Fee Paid: \$_ Date Paid:	265.00				
Applicant's Name:		Applicant's l	Phone Numl	ber:	
Mailing Address: Address where Var	Street iance is being requested:	Town	State	Zip	
Does applicant own	the real property?   Ye	s □ No; If no show name	and address	s of true owner:	
zoning of surroundi	on map including all proper ing properties. A copy fro ite. It must also show loca roposed construction, a C	m www.stanlygis.net is a ations of streets, street na	acceptable if mes and use	f the property size a es of all land.	and location
comple	lic water and sewer service eted water and sewer service Service is available, attac	ce application form, if requ	perty descril iired. If only l	bed above, attach Private Water and	
	V	ariance Requested:			_
Applicant's s	ignature	 Dat	te		_

For each application, a non-refundable application fee of \$265.00 is due payable to the Town of Red Cross. This fee pays for staff time in processing your application and for newspaper publication costs.



# Town of Red Cross 176 East Red Cross Road Oakhara NG 28120

Oakboro, NC 28129 704-485-2002 www.townofredcross.com

Permit No:	

### APPLICATION FOR ZONING CHANGE

Fee Due: \$ 265.00 Fee Paid: \$ Date Paid:				
Applicant's Name:	Name: Applicant's Phone Number:			
Mailing Address:				
Street Tow Address where Variance is being requested:	7n State Zip			
Legal Description:				
Deed Book Does applicant own the real/personal property? □ Yes and attach letter of authorization: Current Property Description:	Page □ No; If no show name and address of true owner			
Zoning District: R8 R10 R20 R40 RA SEPGS RMH R8-CD R10-C				
	ufacturing Single Family Resident Duplex Multi-family ther			
Requested Zoning Change:				
Zoning District: R8 R10 R20 R40 RA  SEPGS RMH R8-CD R10-6				
Property Description (Not Required to disclose and decision can Manufacturing Single Family Resident Duplex Multi-Other				
I hereby certify that I have read and examined this application and provided to be true and correct. All provisions of laws and ordinan specified herein or not. The granting of a zoning change does not pother state or local law regulation the use of the property.				
Signature of Applicant	Date			
SWORN TO and SUBSCRIBED before me this day	y of, 20			
SEAL	Notary Public, County, State My commission expires:			

For each application, a non-refundable application fee of \$265.00 is due payable to the Town of Red Cross. This fee pays for staff time in processing your application and for newspaper publication costs.