

## Rezoning Application

Date: \_\_\_\_\_

### Applicant Information

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

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

\_\_\_\_\_

### Property Owner Information

Name(s): \_\_\_\_\_

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

\_\_\_\_\_

### Property Information

Street Address: \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_

Current Zoning: (check one)  R-6  R-10  R-20  R-40

B-1  B-2  B-3  B-6

LI  HI  PID

Requested Zoning: (check one)  R-6  R-10  R-20  R-40

B-1  B-2  B-3  B-6

LI  HI  PID





P.O. BOX 367 • Wingate NC 28174 • TEL: (704) 233-4411 • FAX: (704) 233-4412

How many square feet is the property? \_\_\_\_\_

Explain why you would like this property rezoned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Certification and Signature**

I hereby certify that the above information is, to the best of my knowledge, true and correct. I understand that incorrect or missing information may cause a delay in the issuance of a rezoning request or a denial of a rezoning request. I further agree to provide the Land Use Administrator with any additional information that may be required to show compliance with the Wingate Land Use Ordinance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_

Additional Information Required:  Yes \_\_\_\_\_

No

Application:  Approved

Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

