



Mayor Bill Braswell

Town Commissioners
Gary Hamill
Johnny Lowery
John Mangum
Brent Moser
Peggy Taylor

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

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





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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: _____

