

Town of Stedman

Planning & Inspections Department

(CASE #:
	PLANNING BOARD MEETING DATE:
	DATE APPLICATION SUBMITTED:
J	RECEIPT #:
]	RECEIVED BY:

Application for REZONING REQUEST TOWN OF STEDMAN

The following items are to be submitted with the <u>completed</u> application:

- 1. A copy of the *recorded* deed and/or plat;
- 2. If a portion(s) of the property is being considered for rezoning, an accurate written legal description of only the area to be considered; and
- 3. A check made payable to "Cumberland County" in the amount of \$_____. (See attached Fee Schedule).

Rezoning Procedure:

- 1. Completed application submitted by the applicant.
- 2. Notification to surrounding property owners.
- 3. Planning Board public hearing.
- 4. Re-notification of interested parties / public hearing advertisement in the newspaper.
- 5. Town of Stedman Board of Commissioners' public hearing (approximately four weeks after Planning Board public hearing)
- 6. If approved by the Board of Commissioners, rezoning becomes effective immediately.

The County Planning Staff will advise on zoning options, inform applicants of development requirement and answer questions regarding the application and rezoning process. For further questions, call (910)678-7603 or (910)678-7609. Hours of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday.

NOTE: Any revisions, inaccuracies or errors to the application may cause the case to be delayed and will be scheduled for the next available board meeting according to the board's meeting schedule. Also, the application fee is *nonrefundable*.

TO THE CUMBERLAND COUNTY JOINT PLANNING BOARD AND THE BOARD OF COMMISSIONERS OF STEDMAN, NC:

I (We), the undersigned, hereby submit this application, and petition the Board of Commissioners to amend and to change the zoning map of the Town of Stedman as provided for under the provisions of the Stedman Zoning Ordinance. In support of this petition, the following facts are submitted:

1.	Requested Rezoning from	to	
2.	Address of Property to be Rezoned:		
3.	Location of Property:		
4.	Parcel Identification Number (PIN #) of subject property:(also known as Tax ID Number or Property Tax ID)		
5.	Acreage: Frontage:	Depth:	
6.	Water Provider: Well: PWC:	Other (name):	
7.	Septage Provider: Septic Tank	PWC	
8.	Deed Book, Page(s) Registry. (Attach copy of deed of subject property as it		
9.	Existing use of property:		
10.	Proposed use(s) of the property:		
11.	Do you own any property adjacent to or across the street from this property?		
	Yes No If yes, where?		
12.	Has a violation been issued on this property? Yes	No	

A copy of the recorded deed(s) and/or recorded plat map(s) must be provided. If the area is a portion of a parcel, a written legal description by metes and bounds, showing acreage must accompany the deeds and/or plat. If more than one zoning classification is requested, a correct metes and bounds legal description, including acreage, for each bounded area must be submitted.

The County Planning Staff is available for advice on completing this application; however, they are not available for completion of the application.

petitioner or assigns, and the application	n as submitted is accurate and correct.
NAME OF OWNER(S) (PRINT OR T	YPE)
ADDRESS OF OWNER(S)	
E-MAIL	
HOME TELEPHONE #	WORK TELEPHONE #
NAME OF AGENT, ATTORNEY, AF	PPLICANT (PRINT OR TYPE)
ADDRESS OF AGENT, ATTORNEY	, APPLICANT
E-MAIL	
HOME TELEPHONE #	WORK TELEPHONE #
SIGNATURE OF OWNER(S)	SIGNATURE OF AGENT, ATTORNEY OR APPLICANT
SIGNATURE OF OWNER(S)	

The undersigned hereby acknowledge that the County Planning Staff has conferred with the

The contents of this application, upon submission, becomes "public record."