



APPLICATION FOR A ZONING AMENDMENT

Application is hereby made for an amendment to the Mebane Zoning Ordinance as follows:

Name of Applicant: _____

Address of Applicant: _____

Address and brief description of property to be rezoned: _____

Applicant's interest in property: (Owned, leased or otherwise) _____

*Do you have any conflicts of interest with: Elected/Appointed Officials, Staff, etc.?

Yes ___ Explain: _____ No _____

Type of re-zoning requested: _____

Sketch attached: Yes _____ No _____

Reason for the requested re-zoning: _____

Signed: _____

Date: _____

Action by Planning Board: _____

Public Hearing Date: _____ Action: _____

Zoning Map Corrected: _____

The following items should be included with the application for rezoning when it is returned:

1. Tax Map showing the area that is to be considered for rezoning.
2. Names and addresses of all adjoining property owners within a 300' radius (Include those that are across the street).
3. \$200.00 Fee to cover administrative costs.
4. The information is due 15 working days prior to the Planning Board meeting. The Planning Board meets the 2nd Monday of each month at 6:30 p.m. Then the request goes to the City Council for a Public Hearing the following month. The City Council meets the 1st Monday of each month at 6:00 p.m.