



Yadkin County Central Permitting

213 East Elm Street
Yadkinville, NC 27055

(336) 849-7905 <https://www.yadkincountync.gov/134/Central-Permitting>

General Rezoning Application

Date: _____

Application for General Use Zoning Map Amendments

Contact Information

Property Owner(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Applicant (if different from property owner): _____

Mailing Address: _____

Phone: _____ Email: _____

Property Information

Property Address: _____

Tax PIN#: _____ Size (Acres): _____

Existing Utilities (Please Circle): WELL | SEPTIC | PUBLIC WATER | PUBLIC SEWER

Current Use & Development: _____

Rezoning Request

Current Zoning District: _____ Requested Zoning District: _____

Future Land Use Map Area: _____

Proposed Use: _____

STAFF NOTE: The Planning Board and Board of County Commissioners must consider all allowed uses and developed restrictions in the requested district and not the proposed use exclusively.



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Signatures

I/We, the undersigned, do hereby make application and petition to amend the Official Zoning Map of Yadkin County as herein requested. I/We, the undersigned, do hereby certify that all information given above is true, complete, and accurate to the best of my/our knowledge and do hereby request the Board of Commissioners take action as sought by this application.

_____	_____	_____
(Owner's Name – please print)	(Owner's Signature)	(Date)
_____	_____	_____
(Owner's Name – please print)	(Owner's Signature)	(Date)
_____	_____	_____
(Applicant's Name – please print)	(Applicant's Signature)	(Date)

If there are additional property owners, applicants, or representatives, please attach an additional signature sheet with their names, signatures, and dates. If the applicant is different from the property owner, both parties must sign the application. Corporations, Limited Liability Corporations, Partnerships, or other similar entities: please include a notarized Official Corporate Certification authorizing a representative to sign on behalf of the corporation.

STAFF USE ONLY

Staff Initials: _____ Date Received: _____ Case Number: _____

Fee Paid Date:		BOCC Hearing Date:	
PB Meeting Date:		Advertisement Date:	
Sign Posted:		Sign Posted:	
Letters Mailed:		Letters Mailed:	

PB Recommendation: Approved Denied Applicant Notice Date: _____

BOCC Decision: Approved Denied Applicant Notice Date: _____

Staff Signature: _____ Date: _____

Staff Comments: _____