



## 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: \_\_\_\_\_