



Perquimans County, North Carolina
APPLICATION FOR CONDITIONAL USE DISTRICT
REZONING REQUEST

Case No. _____ - 14- _____

This section to be completed by County:

Date received: _____ Received by: _____
Date completed: _____ Confirmed by: _____
Subject Property Tax Map No(s): _____
Subject Property Zoning District(s): _____
Will proposed Conditional Use require site improvements? _____
Will proposed Conditional Use require review by other agencies? _____

Applicant's Information

Name(s) of Owner(s): _____

Street Address: _____

City/State/Zip Code: _____

Phone Number(s): _____ Fax: _____

E-mail Address: _____

Applicant (if different from Owner): _____

Street Address: _____

City/State/Zip Code: _____

Phone Number(s): _____ Fax: _____

E-mail Address: _____

Person to receive comments: _____

Description of Property

Address(es) of Subject Property: _____

Property Appraiser's Parcel Nos.: _____

Location: This property is located on the _____ side of + _____ Road,
approximately _____ feet _____ of _____ Road.

Township/Region: _____ Subdivision: _____ Block – Lot Nos.: _____

Size of Property: _____ acres. Lot width: _____ feet. Lot depth: _____.

Flood Plain: _____ Community Panel No.: _____

I (We), the undersigned, do hereby respectfully make application and request the Planning Board and Board of Commissioners to consider a proposed amendment to the Official Zoning Atlas to designate the property as _____ (Zoning District). The subject property is owned by _____ as evidenced by deed recorded in Real Estate Book _____, Page _____ **OR** Will File Number _____ in the Perquimans County registry.

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- 1) The following are all of the individuals, firms, or corporations owning properties involved in the Rezoning Request as well as the owners of all properties any portion of which is within one-hundred fifty (150) feet of the subject property. This includes any property owner who is adjacent to the subject property (to the side, rear or front) and across the street.

Name

Address

a.	_____	_____

b.	_____	_____

c.	_____	_____

d.	_____	_____

e.	_____	_____

f.	_____	_____

g.	_____	_____

h.	_____	_____

i.	_____	_____

j.	_____	_____

k.	_____	_____

Use an additional sheet of paper if necessary.

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Attach the following:

_____ Completed Application.

_____ Letter addressed to the Perquimans County Board of Commissioners explaining your intentions in detail.

_____ Proof of Ownership.

_____ Legal Description.

_____ Owner's Authorization for Agent.

_____ Two sets of stamped addressed envelopes of all adjacent property owners to whom notice of public hearing must be sent. Said notices will be sent by the Planning and Zoning Office in the envelopes provided by the Applicant.

_____ Two self addressed stamped envelopes.

_____ Copy of Map with proposed revision.

_____ Filing Fee of \$300 made payable to Perquimans County.

_____ Appropriate certification from Albemarle Regional Health Services regarding individual on-site septic tank system(s).

_____ Any additional information needed by the Planner, Technical Review Committee or other County Officials:

Applications will not be scheduled for public meeting until complete.

Signature of Owner or Authorized Applicant

Date

NOTE: This Application must be submitted to the Planning and Zoning Administrator and found to be complete no less than 25 days prior to the Planning Board's meeting and, where deemed necessary, additional time may be required for review by Technical Review Committee member(s). See also minimum 45 day period which much take place prior to consideration by the Board of County Commissioners.

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Owner's Authorization for Agent

NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING THE APPLICATION IS THE OWNER, PLEASE DISREGARD THIS FORM.

I am (We are) the owner(s) of the property located at _____.

I (WE) HEREBY AUTHORIZE _____ TO ACT ON MY/OUR BEHALF to appear with my consent before the Perquimans County Board of Commissioners and Planning Board in order to request approval(s) for development and/or use of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, or other action pursuant to one or more of the following:

- | | |
|--|---|
| <input type="checkbox"/> Rezoning Request | <input type="checkbox"/> Administrative Appeal |
| <input type="checkbox"/> Conditional Use District Rezoning | <input type="checkbox"/> Conditional Use Permit |
| <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Non-Zoning Variance |

I authorize you to advertise and present this matter in my name as the owner of the property. If there are any questions, you may contact me at address _____ or by telephone at _____.

BY: _____
Signature of Owner

Print Name Telephone Number

Signature of Owner

Print Name Telephone Number

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public _____ County of _____

State of _____

My commission expires: _____

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PLANNING AND ZONING ADMINISTRATOR REPORT

Application received on: _____

Date application complete: _____

Planning and Zoning Administrator

Date

PLANNING BOARD REPORT

All proposed amendments to the zoning map shall have a written report provided from the Planning Board to the Board of Commissioners. In no case is the Board of Commissioners bound by the recommendations, if any, of the Planning Board.

The Planning Board shall advise and comment on whether the proposed zoning map amendment is consistent with all applicable officially adopted plans, and provide a written recommendation to the Board of Commissioners that addresses plan consistency and other matters as deemed appropriate by the Planning Board, but a comment by the Planning Board that a proposed amendment is inconsistent with the officially adopted plans shall not preclude consideration or approval of the proposed amendment by the Board of Commissioners.

PLANNING BOARD RECOMMENDATIONS

~Approval - the application is consistent with all of the objectives and policies for growth and development contained in the Perquimans County 1998 Land Use Plan.

~Approval with conditions - the application is not fully consistent with all of the objectives and policies for growth and development of the Perquimans County 1998 Land Use Plan, so the following conditions are recommended in order to make it fully consistent:

~Denial - the project is not consistent with all of the objectives and policies for growth and development of the Perquimans County 1998 Land Use Plan. The reasons for this are the following:

~Table – There is insufficient information at this time to make an informed decision and the following evidence, information, and/or testimony will be required:

This report reflects the recommendation of the Planning Board, this _____ day of _____ 20____.

Attest:

Chairman

Planning and Zoning Administrator

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BOARD OF COMMISSIONERS REPORT

Zoning regulations shall be made in accordance with a 1998 Land Use plan. Prior to adopting or rejecting any zoning amendment, the Board of Commissioners shall adopt a statement describing whether its action is consistent with an adopted 1998 Land Use plan and explaining why the board considers the action taken to be reasonable and in the public interest.

ACTION TAKEN

MOTION TO APPROVE: The application is consistent with all of the objectives and policies for growth and development contained in the Perquimans County 1998 Land Use Plan, or the application is not fully consistent with all of the objectives and policies for growth and development of the Perquimans County 1998 Land Use Plan, so the following suggestions are made in order to make it fully consistent:

MOTION TO DENY: The application is not consistent with all of the objectives and policies for growth and development of the Perquimans County 1998 Land Use Plan. The reasons for this are the following:

MOTION TO TABLE: There is insufficient information at this time to make an informed decision and the following evidence, information, and/or testimony will be required:

The application is (approved) (approved with conditions) (denied) (tabled). This report reflects the action of the Board of Commissioners, this the ____ day of _____ 20__.

Attest:

County Clerk

Chairman, Board of Commissioners