



P.O. Box 2475, Surf City, NC 28445
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REZONING APPLICATION

I (WE) THE UNDERSIGNED, DO HEREBY RESPECTFULLY MAKE APPLICATION AND REQUEST THE PLANNING BOARD TO AMEND THE ZONING MAP OF THE TOWN OF SURF CITY AS HEREIN REQUESTED, AND IN SUPPORT OF THIS APPLICATION, THE FOLLOWING FACTS ARE SHOWN:

1. IT IS REQUESTED THAT THE FOREGOING PROPERTY BE REZONED FROM _____ TO _____.
2. THE PROPERTY SOUGHT TO BE REZONED IS LOCATED AT: _____
3. THE PROPERTY SOUGHT TO BE REZONED IS OWNED BY:

NAME	ADDRESS
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4. CATEGORIES OF PROPERTIES ADJACENT TO THE PROPERTY REQUESTED TO BE REZONED WITHIN 100 FEET.

LOCATION	PRESENT ZONING	PRESENT USE
NORTH	_____	_____
SOUTH	_____	_____
EAST	_____	_____
WEST	_____	_____

5. PROPOSED USE: _____
6. TOTAL ACREAGE: _____
7. REMARKS: _____

THE UNDERSIGNED IS REQUESTING REZONING AN AMENDMENT TO THE TOWN OF SURF CITY ZONING MAP DOES HEREBY CONCUR THAT THE TOWN OF SURF CITY ZONING ORDINANCE SHALL GOVERN THE USE, PARKING, YARD REQUIREMENTS, ETC., FOR THE DISTRICT IN WHICH SAID PROPERTY IS LOCATED.

_____, DATE: ____/____/____ PHONE# (____) ____ - _____

SIGNATURE OF APPLICANT

 ADDRESS OF APPLICANT

Please return application and appropriate fees (make checks payable to the Town of Surf City) to:

Community Development Department
www.townofsurfcity.com

