

# Town of Fairview

7400 Concord Highway  
Monroe NC 28110

## REZONING APPLICATION

**FEE: \$250\***

Date of Application \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship of Applicant to Property Owner \_\_\_\_\_

### Property Information

Location \_\_\_\_\_

Tax Map Parcel Number \_\_\_\_\_

Deed Book & Page Number \_\_\_\_\_ Acreage \_\_\_\_\_

Current Zoning District \_\_\_\_\_ Flood Hazard Area (Y/N) \_\_\_\_\_

Proposed Zoning District \_\_\_\_\_

Attachments – The following shall be attached to this application:

- 1) If the property proposed for rezoning is less than the entire lot or tract as currently recorded in the Union County Register of Deeds Office, then three (3) copies of a survey and a legal description for the area to be re-zoned should be attached; OR, if an entire lot or tract is proposed for rezoning, then three (3) copies of a survey map or Union County Tax Map for the property should be attached;
- 2) The names and addresses of all adjoining property owners including those across streets and highways as currently registered in the Union County Tax Assessor's Office.
- 3) Any other information that may be needed to insure that this application is in compliance with all provisions of the Land Use Ordinance.

4) A fee (in cash or a check made payable to the Town of Fairview) in the amount of **\$250.00\*** shall be submitted to the Town of Fairview, 7400 Concord Highway, Monroe, NC 28110.

\*Plus any Town engineering fees, if applicable

CERTIFICATIONS

I, as the owner of the above-referenced property, or as the applicant duly authorized by the owner to submit this application in regard to the above-referenced property, do hereby certify that all of the information provided as part of this application is, to the best of my knowledge, accurate and complete.

\_\_\_\_\_  
Signature of Owner/Applicant

\_\_\_\_\_  
Date

I, as the Land Use Administrator, believe this application to be complete based on the certification of the owner/applicant, and accept it on the date designated below.

\_\_\_\_\_  
Signature of Land Use Administrator

\_\_\_\_\_  
Date

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(THE FOLLOWING SHALL BE COMPLETED BY THE LAND USE ADMINISTRATOR)

Date of Planning Board Review: \_\_\_\_\_

Date for First Class Notice to Parties for Planning Board Review: \_\_\_\_\_

Date for Posting of Property for Planning Board Review: \_\_\_\_\_

Planning Board Recommendation: \_\_\_\_\_ Approval  
\_\_\_\_\_ Approval with Comments  
\_\_\_\_\_ Disapproval

Date of Map Change (if any): \_\_\_\_\_

By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Land Use Administrator

\_\_\_\_\_  
Date