

Town of Fairview

7516 Concord Highway
Monroe NC 28110

REZONING APPLICATION (Special Use Permit)

FEE: \$500

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 **\$500.00*** shall be submitted to the Town of Fairview, 7516 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

(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