



The City of
Brevard
North Carolina

REQUEST FOR ZONING MAP AMENDMENT (REZONING)

Applicant Information:

Name: _____

Address: _____

Phone: _____

Property Owner Information (if different than applicant):

Name: _____

Address: _____

Phone: _____

Location of Property:

Property Identification Number (PIN): _____

Present Zoning District: _____

Request District to be Changed to: _____

Proposed Use of Property (if known): _____

Existing Use of Adjacent Properties:

North _____

South _____

West _____

East _____

Signature of Applicant

Date

* * * * *

Planning Department must receive the following prior to placement on BPB agenda:

_____ Completed Application Form

_____ Site Plan (optional)

_____ Survey of Property

_____ Metes & Bounds Description of Property

_____ Application Fee - Date Paid _____, Receipt # _____

Heard by Planning Board on: _____

Planning Board's Recommendation: ___ Approval ___ Denial

Heard by City Council on: _____

City Council Action: ___ Approval - Ord. Number _____ Effective Date _____

___ Denial