



Town of Wilkesboro

REZONING PERMIT APPLICATION

Planning and Community Development

203 West Main Street | P.O. Box 1056

Wilkesboro, NC 28697

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GENERAL INFORMATION	LOCATION OF PROJECT (ADDRESS):		EXISTING ZONING:	
	APPLICANT/ REPRESENTATIVE NAME:		BUSINESS PHONE:	HOME OR MOBILE PHONE:
	ADDRESS:		CITY:	STATE: ZIP:
	APPLICANT/ REPRESENTATIVE EMAIL:			
	PROPERTY OWNER NAME* (SIGNATURE REQUIRED BELOW):		BUSINESS PHONE:	HOME OR MOBILE PHONE:
	OWNER ADDRESS:		CITY:	STATE: ZIP:
	*In the case of multiple owners, all owners shall be identified and all signatures must be provided.			

PROJECT INFORMATION	DESCRIBE YOUR PROPOSED REZONING—WHY YOU WISH TO REZONE THE PROPERTY AND THE CONFLICT WITH THE CURRENT ZONING. <i>*use separate sheet if needed</i>					
	PARCEL NUMBER	ACRES	EXISTING		PROPOSED	
			ZONING	USE	ZONING	USE
	SUBMITTAL INFORMATION – See staff to determine which requirements apply.					
	<input type="checkbox"/> Vicinity Map depicting zoning and existing land use of subject parcel(s)			<input type="checkbox"/> Adjoining property owner’s contact information		
	<input type="checkbox"/> Parcel is contiguous to the proposed zoning district (not req’d, but highly recommended)			<input type="checkbox"/> Reasonable public policy support (not required)		
PROPERTY OWNER’S CONSENT – I declare that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.						
Signature:				Date:		

DEPT.	APPLICATION NUMBER:	RECEIVED BY:	FEE: \$
	PUBLIC HEARING DATE:		