



Application for Rezoning

City of Rockingham, North Carolina
 514 Rockingham Road, Rockingham, NC 28379
 Telephone: (910) 997-5546 Fax: (910) 997-6617

Section 1. To Be Completed by the Applicant

The rezoning of property is a legislative action that must be reviewed by the City of Rockingham Planning and Zoning Board and approved by the Rockingham City Council. All requests for rezoning will adhere to the procedures set forth in the City of Rockingham Unified Development Ordinance. In order to partially defray the administrative costs of rezoning requests, an applicant must pay a nonrefundable fee in the amount of \$100.00 to the City of Rockingham at the time of application submittal. A map or plat that clearly identifies the property included in the rezoning request must be submitted with the application.

PHYSICAL ADDRESS OF SUBJECT PROPERTY:		PARCEL IDENTIFICATION NUMBER(S):
CURRENT ZONING CLASSIFICATION:		
REQUESTED ZONING CLASSIFICATION:		
SIZE OF SUBJECT PROPERTY (acres or square feet):		
NAME OF APPLICANT: [Print]		
MAILING ADDRESS OF APPLICANT:		
TELEPHONE:	FAX:	E-MAIL:
NAME OF PROPERTY OWNER(S): [If different from applicant]		
MAILING ADDRESS OF PROPERTY OWNER(S): [If different from applicant]		
TELEPHONE:	FAX:	E-MAIL:
DESIGNATION OF AGENT: [Complete only if the property owner is not the applicant]		
I (we) do hereby appoint the person named as Applicant as my (our) agent to represent me (us) and act on my (our) behalf in this request for rezoning.		
SIGNATURE OF PROPERTY OWNER _____		DATE _____
SIGNATURE OF PROPERTY OWNER _____		DATE _____
I, the applicant, do hereby certify that all information presented in this rezoning request is true and accurate.		
SIGNATURE OF APPLICANT _____		DATE _____

Section 2. For Office Use Only

RECEIVED BY: _____	DATE: _____	FEE PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No
		CASE #: