

REZONING APPLICATION



Gateway to Brunswick County

Town of Leland, NC
Developmental Services Dept.

102 Town Hall Dr., Leland, NC 28451
Telephone: (910) 371-3390 FAX: (910) 371-2546

Please read this application thoroughly before completing. Please print or type all information on this form.

(All associated fees are due upon submittal of application)

Section A. USING THE APPLICATION FORM:

SEE NOTES BELOW:

- Thirty-three (33) copies of the attached application form should be completed and submitted with thirty-three (33) folded copies of the required rezoning map to the Town of Leland Developmental Services Department.

NOTE: Fourteen (14) copies are for planning board submittal.
The remaining nineteen (19) are for Town Council and staff.

NOTE: You are encouraged to arrange an informal pre-application conference with the Developmental Services Department staff at least three (3) weeks prior to the date upon which you intend to submit an application. By attending this conference, you will improve your chances of submitting a complete and acceptable application. You should bring a rough sketch of your proposal to this conference. Staff will assist you in preparing an acceptable application.

- The property owner or his authorized agent should complete the application. When an agent applies, written authorization from the property owner must be given in a letter addressed to the developmental services staff and attached with the application.
- It is the responsibility of the owner to research and evaluate the site and the proposal to ensure that the rezoning conforms with the interests of the health, safety and welfare of residents in and around the area to be rezoned.
- The rezoning process period begins when your completed application form has been accepted by the Developmental Services Department. Acceptance means that the application has been stamped received and given a file number from staff. Further, a complete application includes the appropriate fees and supporting documentation. All incomplete applications will be returned to the applicant with a letter outlining its deficiencies.

Section B. GETTING STARTED

In accordance with the requirements of the Town of Leland Zoning Ordinance, there is submitted herewith for approval of a General Use Rezoning:

OWNERSHIP INFORMATION:

Property Owner: _____

Owner's Address: _____ City, State, _____

Date Property Acquired: _____ Utilities Provided: (Water) ____ (Sewer)____
#) (N. Br. San. Dist, Well, Other) (Septic, Sewer-WQ)

LOCATION OF PROPERTY (Address or Description): _____

Tax Parcel Number(s): _____

Current Land Use: _____

Size (Sq.Ft. or Acres): _____

ZONING REQUEST:

Existing Zoning: _____ Proposed Zoning: _____

CONSULTANT: (Person to contact regarding questions or revisions to the plan)

Name(s): _____

Address: _____

_____ Zip _____

Telephone Number: () _____

Fax Number: () _____

E-Mail Address: _____

Section C.

REQUIRED MAPS and ADJACENT PROPERTY OWNERS LIST

1. Attach an accurate 18" x 24" schematic site plan map of the property to be rezoned drawn to scale of one inch equals forty (40) feet. Be sure to show the following on the map:

- All property lines with dimensions
- North arrow



- Adjoining streets with rights-of-way and paving widths
- Location of all structures
- Current use of all land
- Zoning classification of all abutting zoning districts

2. Attach the names, addresses and tax parcel numbers of the properties adjacent to the property of the request, including property owners directly across the street from the requested property (Use attached Adjacent Property Owners List).

- List completed and attached
- A stamped, addressed envelope for each property owner

Section D.

ACCURATE BOUNDARY DESCRIPTION AND TITLE OPINION

- Furnish a legal metes and bounds description of the proposed area to be rezoned copied to a CD-RW disk
- Furnish a General Warranty Deed and a current Title Opinion for the proposed property

Section E.

CONSISTENCY WITH THE TOWN'S LAND USE PLAN

After reviewing the Town of Leland Land Use Plan (LUP), describe in a letter how the LUP policies support your rezoning request. A copy of the LUP is available at the Developmental Services office.

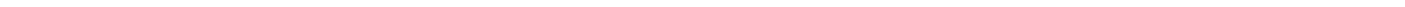
- Letter included

File # _____

Staff Initials_____

USE ONLY

STAFF



<p><u>Official Use Only</u></p> <p>This Section is to be filled out by the Developmental Services Department</p> <p><i>Staff Review:</i></p> <p>Approved () Date: _____</p> <p>Approved with Recommendations () Date: _____</p> <p>Denied () Date: _____</p> <p><i>Developmental Services Staff:</i> _____</p>

ADJACENT PROPERTY OWNERS LIST

I hereby certify that the names and addresses below are those of the adjacent property owners listed in the current tax records of the Brunswick County Register of Deeds. Adjacent property includes all property across roadways (public and private), watercourses, railroads, and/or municipal boundaries.

 APPLICANT'S SIGNATURE

Tax Map & Parcel Number	Name	Address (City, State & Zip)
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Attach additional sheets if necessary

