## DAVISON COUNTY REZONING APPLICATION

**Applicant Name:** 

Applicant Address:

**Applicant Email:** 

**Owner Name:** 

**Owner Address:** 

**Owner Contact Phone:** 

Parcel Number of parent parcel:

**Property Address:** 

Legal Description of parcel:

**Reason for Rezoning:** 

**Existing Use of Property:** 

**Present Zoning Classification:** 

**Proposed Zoning Classification:** 

Section of Code Allowing Rezoning: <u>1403C & 1603 of the Davison County Planning and Zoning</u> <u>Ordinance.</u>

Fee Collected for Rezoning (\$100):

Check #:

Receipt #:

**Planning Commission Hearing Date:** 

**County Commission Hearing Date:** 

## **Required Items:**

- Detailed site plan (GIS Photo of the property)
- Location and use of adjacent structures/land

Application Fee

Application date: Application deadline:

**Contact Phone:** 

Signatures of Applicant: \_\_\_\_\_