

TOWN OF MOUNT GILEAD

Town Hall: 910-439-5111

email: manager@mtgileadnc.com

ZONING MAP AMENDMENT - APPLICATION

*ALL sections of this application **MUST** be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.*

APPLICATION DATE : ___/___/___ LOCATION / ADDRESS : _____

PROPERTY OWNER : _____

Phone Number : _____ Email Address : _____

APPLICANT : _____

Phone Number : _____ Email Address : _____

Status of Applicant : Property Owner Developer Legal Representative Other : _____

PARCEL IDs (list all applicable) : _____

TOTAL NUMBER OF PARCELS : _____ REQUIRED SURVEY PROVIDED : Yes No

TOTAL ACREAGE : _____ EXISTING ZONING : _____

EXISTING OVERLAY ZONING DISTRICT : Local Historic District (LHO) Watershed Overlay (WSO)

PROPOSED ZONING : _____

PROPOSED CONDITIONAL ZONING : Yes No PROPOSED PLANNED DEVELOPMENT : Yes No

PROPOSED OVERLAY ZONING DISTRICT : Local Historic District (LHO) Watershed Overlay (WSO)

REASONING (List any proposed conditions) : _____

ASSOCIATED LAND USE PLAN AMENDMENT RECORD (ie CZ-20-01 or RZ-20-01) : _____

ACKNOWLEDGEMENT : I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : _____ DATE : ___/___/___

APPLICANT SIGNATURE : _____

OWNER NAME : _____ DATE : ___/___/___

OWNER SIGNATURE : _____