## **REZONING APPLICATION**



## **Town of Beech Mountain**

Property Information				
Property Address(es):				
Parcel ID #(s): PID:				
Owner Information				
Name of Owner(s):				
Owner Address:				
Owner City/State/Zip				
Owner Telephone:				
Owner Email:				
Applicant Information (if different from owner)				
Name of Applicant:				
Applicant Address:				
Applicant City/State/Zip				
Applicant Telephone:				
Applicant Email:		·		

According to North Carolina General Statutes §160A-384 and Town of Beech Mountain Code of Ordinances §154.180, an application for Rezoning shall be heard at a public meeting of the Planning Board, which will make a recommendation to the Town Council. The Town Council will hold a public hearing on the requested rezoning and will make a decision on the rezoning within 60 days of the conclusion of the public hearing. A complete application package must be received by the Zoning Administrator at least 10 days prior to a Planning Board meeting. Incomplete applications and those submitted after the deadline will be placed on the next available Planning Board meeting agenda.

Subject Property Information (use multiple lines as needed for multiple zonings):

	PID or Address	Property Use	Zoning
Existing			
Proposed			

## Surrounding Property Information:

	PID or Address	Existing Use	Zoning
North			
South			
East			
West			

Applicant Narrative of requested rezoning (list any additional exhibits):				
Additional narrative pages attached:   YES   NO				

	CERTII	FICATION		
By submitting this application, I hereby certify that I am the owner and/or legal representative* of the owner of the property that is the subject of this application. I hereby certify that the information provided herein or attached hereto is true and correct, to the best of my knowledge.				
Print Name:				
Signature:				
*NOTE:	Legal Representative(s) must also c	omplete and submit Own	er's Authorization Form	
STATE OF NORTH CAROLINA  COUNTY OF				
The foregoing instru	ment was acknowledged b	efore me this	day of, 20	
Notary Public:				
My commission expires: (Official Seal)				
OFFICIAL USE ON	LY			
Date Application Re	ceived:	Property Zoning	g District:	
The owners of properties of pr	erty adjacent to the propert	y described above	have been notified by First	
MEETING DATES				
Planning Bo	ard:			
Town Counc	sil:			
Date Fee Paid:	Amount Paid:	Staff Initials:	Case Number:	
I hereby certify this application is complete and accepted.				
Staff Si	gnature	<del></del>	Date	