



ALEXANDER COUNTY
North Carolina
County Initiated Rezoning Application

Case #: _____
Tax PIN#: _____
Date Submitted: _____

A) PROPERTY OWNER INFORMATION:

1) PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____ EMAIL: _____

2) PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____ EMAIL: _____

Check here if there are additional property owners, and attach their names, addresses and telephone numbers. **Make**
sure ALL property owners sign on the Required Signatures page.

B) PROPERTY INFORMATION:

1) PROPERTY LOCATION (Address or Description): _____

2) DATE PROPERTY ACQUIRED: _____ DEED BOOK/PAGE: _____

3) TAX PIN# _____ SIZE (sqft./acres): _____

Check here if there are more than two lots and attach a list of the properties to be considered for rezoning.

4) UTILITIES PROVIDED (please circle): Public Water Well Public Sewer Septic System

5) AMOUNT OF ROAD FRONTAGE: _____ CURRENT LAND USE: _____

6) METES AND BOUNDS DESCRIPTION ATTACHED: YES NO

C) REZONING REQUEST:

1) CURRENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT: _____

2) PROPOSED USE: _____

PLEASE NOTE: THE PLANNING & ZONING COMMISSION AND BOARD OF COMMISSIONERS MUST CONSIDER ALL USES WITHIN THE REQUESTED ZONING DISTRICT, NOT MERELY THE USE OF WHICH YOU ARE PROPOSING.

ALL PROPERTY OWNERS MUST SIGN THE WRITTEN CONSENT FORM ON THE FOLLOWING PAGE OR THE REZONING WILL NOT BE VALID.

D) REQUIRED SIGNATURES:

I/We, the undersigned, do hereby give written consent to this petition to amend the Official Zoning Map of Alexander County as herein requested. I/We, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my/our knowledge, and do hereby request the Board of Commissioners or Town Council take action as sought by this application.

- 1) _____ (Owner’s Name-*please print*) _____ (Owner’s Signature) _____ (Date)
- 2) _____ (Owner’s Name-*please print*) _____ (Owner’s Signature) _____ (Date)
- 3) _____ (Owner’s Name-*please print*) _____ (Owner’s Signature) _____ (Date)
- 4) _____ (Owner’s Name-*please print*) _____ (Owner’s Signature) _____ (Date)

If there are additional property owners, applicants or representatives, please attach an additional signature sheet with their names and signatures. **All property owners MUST sign the application.**

Corporations, Limited Liability Corporations, Partnerships or other similar entities: please include a notarized Official Corporate Certification authorizing a representative to sign on behalf of the corporation.

STAFF USE ONLY – APPLICANT: DO NOT WRITE BELOW THIS LINE

Staff Initials: _____ Date: _____ Receipt #: _____

PB Meeting Date: _____ TTC/BOC Meeting Date: _____

Publish Date 1: _____ Publish Date 2: _____

PB Recommendation: Approved Denied Applicant Notified: _____

TTC/BOC Action: Approved Denied Applicant Notified: _____

Staff Signature: _____ Date: _____

Staff Comments: _____

GUIDELINES FOR THE APPLICATION TO AMEND THE OFFICIAL ZONING MAP

The purpose of this application is to gather requests from property owners interested in having their current zoning designation reconsidered as part of a County-Initiated Rezoning process. Staff will compile and review all submitted applications, assessing their consistency with the 2045 Comprehensive Plan. Once the threshold of at least 50 parcels and 50 individual property owners is reached, these applications will be presented collectively to the Planning Board for review. Please note that accumulating enough applications to meet this threshold may take several months. If you prefer to have your property rezoned more quickly, you may apply individually for a General Rezoning. The General Rezoning application form can be found on the Alexander County Planning and Development website.

1. An application may be withdrawn by written request from the property owner. Such requests must take place prior to any public hearing.
2. Please note that the Planning Board, County Commissioners, the Alexander County Commissioners and/or Taylorsville Town Council must consider all of the uses within the requested zoning district, not merely the use for which you are proposing.
3. A half-page advertisement of the public hearing notice shall run in the Taylorsville Times for two successive calendar weeks in accordance with NCGS 160D-602 prior to consideration of this request.
4. All zoning decisions must be approved by The Alexander County Board of Commissioners and/or the Taylorsville Town Council. The Board or Council may choose to approve or deny the application.