

Bladen County Planning Department

P.O. Box 2336
Elizabethtown, NC 28337

Greg Elkins
Director of Planning

REZONING APPLICATION

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DATE: _____

To the Bladen County Planning Board:

I, the undersigned, do hereby make application to change the Zoning Map of the County of Bladen as hereinafter requested:

The property is involved in the rezoning request is located on the _____ side of _____
(Street Address)

The address is _____ and it is identified as PIN number (s): _____, Block number (s): _____ of Bladen County Tax Map: _____. It has a frontage of _____ feet and contains _____ acres. A map of the property, along with a description of the property boundaries, is attached to this application.

It is desired and requested that the foregoing property be rezoned from _____ district to _____ district for the following reason or purpose: _____

The following are individuals, firms or corporations owning property adjacent to both sides, the rear, and the property across the street from the property described above:

TAX MAP	BLOCK	PIN	NAME	MAILING ADDRESS

I certify that all information furnished in this application is accurate to the best of my knowledge.

PETITIONER: _____ SIGNATURE: _____

Mailing Address: _____ Phone: _____

PROPERTY OWNER: _____ SIGNATURE: _____

Mailing Address: _____ Phone: _____

PROPERTY OWNER'S SIGNATURE IS REQUIRED BEFORE APPLICATION IS ACCEPTED

NOTE: *If the request is made by a corporation, the names and address of all officers in the corporation must be provided. The applicant or his representative is expected to attend all meetings to answer questions concerning the request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Planning Board and/or Board of Commissioners.*

OFFICE USE ONLY

Date Application Received _____ Date Fee Paid _____

Date Reviewed by Planning Board _____ Date Report to Commissioners _____