



Town of Waxhaw
Planning and Inspections Department
 1150 N. Broome St, PO Box 617
 Waxhaw, NC 28173
 704-843-2195
www.waxhaw.com

REZONING / INITIAL ZONING APPLICATION

Date Received _____ Permit Fee _____ Permit Case Number _____

Applicant Name	Phone Number	Mailing Address
Email Address		
Business Name	Business Address	<i>Parcel Number</i>
<p style="color: red; margin: 0;">APPLICANT SIGNATURE</p> <p style="margin: 5px 0 0 20px;">I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.</p> <p style="margin: 5px 0 0 20px;">X _____</p>		

<p><i>Are you the property owner?</i></p> <p> <input type="checkbox"/> <i>Yes (STOP HERE)</i> <input type="checkbox"/> <i>No (Property Owner Completes Below)</i> </p>		
Property Owner Name	Phone Number	Mailing Address
<p style="color: red; margin: 0;">PROPERTY OWNER SIGNATURE</p> <p style="margin: 5px 0 0 20px;">I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.</p> <p style="margin: 5px 0 0 20px;">X _____</p>		

Rezoning Information APPLICANT COMPLETES THIS PAGE

Address of property to be rezoned		Parcel Number
<u>Current</u> Zoning	<u>Requested</u> Zoning	In Flood Area? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Current Use of Land	Surrounding Land Uses	
Comments _____ _____ _____ _____		



The Following Shall Be Completed By The Zoning Administrator:

Completed Application Submitted on:	___ / ___ / ___
Reviewed by Planning Board on:	___ / ___ / ___
Action of Planning Board:	_____ _____
Public Hearing Held on:	___ / ___ / ___
Date of Board of Commissioner's Decision:	___ / ___ / ___
Action of Board of Commissioners:	_____ _____

****Newspaper Affidavit should be attached***

Public Hearing Notice Filed in (Newspaper):
Date(s) Notices Published:
Notification to adjacent property owners mailed on:
Property Posting Date:

All of the information herein required has been submitted by the applicant and is included or attached with this application.

Zoning Administrator

Date

Permit Case Number _____