



**City of Havelock**  
 Planning and Inspections Department  
 PO Box 368 1 Governmental Ave.  
 Havelock, NC 28532  
 (252) 444-6433 Email:permits@havelocknc.us

OFFICIAL USE ONLY	
Received By:	_____
Date:	_____
Application #:	_____
Fee Paid:	_____
PB Approval:	_____
Date Approved:	_____
BOC Approval:	_____
Date Approved:	_____

## Zoning Map Amendment Request

\*This application must be completely filled out\*

Property Owner Information			
Full Name:	_____		
	<i>Last</i>	<i>First</i>	<i>Phone Number/Email</i>
Address:	_____		
	<i>Street Address</i>	<i>City</i>	<i>State</i> <span style="float:right"><i>Zip Code</i></span>
Email Address:	_____		
Project Information			
Address of Proposal:	_____		
Tax Parcel ID Number:	_____		
Parcel Acreage:	_____ SQ FT	Current Zoning:	_____ Proposed Zoning: _____
Reason for Rezoning:	_____		

I certify that the above information furnished by me is true and correct and that the applicable requirements of the City will be met.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimiles\*\***

### Zoning Map Amendment Request: *Applicant Submittal Checklist*

X	Applicant	Staff	X
	Complete application submitted		
	Paid fee per current fee schedule		
	Application submitted at least seven (7) days prior to the next Technical Review Committee (TRC) meeting		
	Legal description of the property		
	Names/ mailing addresses of opposite and abutting property owners (see next page)		
	One (1) set of mailing labels for all adjoining property owners		
	Twelve (12) plat plans of the site		

**DISCLOSURE:** By signing below, I am acknowledging that I have included **ALL** applicable information required on the plan in order to be considered "Complete and ready for review." If it is discovered that required information is not included on the plans or I have not provided some required information, I understand that the above referenced project may be deemed "Not ready for review" and may require additional staff time or may be rejected. Additionally, I understand that the City of Havelock reserves the right to request any additional information as necessary.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Havelock Department of Planning and Inspections**  
**Zoning Map Amendment Request**  
**Adjoining Property Owners List**

**List should include adjacent property owners within 100 feet of the site as per UDO Section 160.05(C).**

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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Owner: \_\_\_\_\_ Address: \_\_\_\_\_

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