

Application to be processed for: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_ Date notice sent: \_\_\_\_\_  
 Application no.: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_  
 Filing fee \$: \_\_\_\_\_ Abutting property owner's list received: \_\_\_\_\_  
 Treasurer receipt no. \_\_\_\_\_ PC Recommendation  Approved  Disapproved Date \_\_\_\_\_  
 Certificate of ownership received \_\_\_\_\_ Board of Supervisors  Approved  Disapproved Date \_\_\_\_\_

## CUMING COUNTY APPLICATION FOR A CHANGE OF ZONING

Items on these sheets must be filled out completely in duplicate before acceptance of this application for processing. Please print or type.

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Home address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
3. Telephone (home): \_\_\_\_\_ (business): \_\_\_\_\_
4. Present use of subject property: \_\_\_\_\_
5. Desired use of subject property: \_\_\_\_\_
6. Present zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_
7. Legal description of property to be rezoned: \_\_\_\_\_  
 \_\_\_\_\_
8. Area of subject property (square feet or acres): \_\_\_\_\_
9. Indicate uses of the adjoining properties (note the zoning district designation and the actual use of the properties):  
 North: \_\_\_\_\_ South: \_\_\_\_\_  
 East: \_\_\_\_\_ West: \_\_\_\_\_
10. If exhibits are furnished, please describe and enumerate. If possible, furnish a plot or site plan showing existing and proposed structures, easements, water courses, curb cutbacks, etc.
11. The zoning administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 (or)  
 Signature of authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_