



Town of WALLACE

North Carolina

Petition for a Zoning Amendment

Date of Application: _____

Name if Applicant: _____

Applicant's Mailing Address: _____

City/State/Zip: _____ Telephone: _____ Fax: _____

Name of Property Owner: _____

Owner's Mailing Address: _____

City/State/Zip: _____ Telephone: _____ Fax: _____

FOR MAP AMENDMENT----->

Location of Property: _____ Duplin Co. PIN(S): _____

Current Zoning District (s): _____ Requested Zoning District: _____ Total Acreage: _____

Please include the following attachments:

- Attachment A** – a legal description of property (i.e. include on a sheet of paper the property survey, Duplin County PIN #, metes and bounds description, and any other legal information available.)
- Attachment B** – a list of adjacent property owners with envelopes addressed and postage paid
- Attachment C** - a write up of why the property should be rezoned. This explanation should include if the zoning coincides with the Comprehensive Land Use Plan and if the impact of the proposed rezoning affects adjacent or surrounding properties.

NOTE: SIGNED APPLICANT MUST BE OWNER OF PROPERTY FOR MAP AMENDMENT

FOR TEXT AMENDMENT----->

This petition is to hereby amend the text to allow _____

_____ as a (check one) Permitted Use Conditional Use Special Use

in the _____ zoning district.

Please include the following attachments:

- Attachment A** – a write up of the brief description of the proposed use
- Attachment B** – a write up of why the amendment is necessary

I, as owner or agent, understand that I am responsible for all applicable fees due upon submittal of this petition. I understand that no review will take place until all fees have been paid and the application has been submitted in full with all required information. I agree that all information listed above and attached is correct and true to the best of my knowledge.

Signature

Printed Name

Date