



APPLICATION FOR REZONING

Today's Date: _____ Fee: _____
Date Paid: _____ PB Date: _____
Receipt#: _____ BOC Date: _____

Petitioner: Name: _____
Address: _____
Telephone #: _____

Owner of Property: (If different from above) _____
Address: _____
Telephone #: _____

Acreage: _____ Parcel # _____

Address of Property: For Consideration: _____

Current Zone: _____ Request Zoning District: _____

Please state the reason for request:

Print & Signature : Petitioner: (ALL) _____ Date: _____

Print & Signature : Owner: (ALL) _____ Date: _____

_____ Date: _____

Attached any information needed for the request:

Site Plan along with Preliminary Drawing of construction
P.O. Box 610 • 304 N. Main Street • Four Oaks, NC 27524
Office 919-963-3112 • Fax 919-963-3113
www.fouroaks-nc.com