



# City of Shelby

## GENERAL USE REZONING APPLICATION

FILE NUMBER: \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE NUMBER \_\_\_\_\_

APPLICANT'S FACSIMILE NUMBER \_\_\_\_\_

**APPLICANT'S RELATIONSHIP TO THE PROPERTY** (Check the one that applies):

- Owner
- Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)
- Developer (must attach Affidavit of owner's permission for this action)
- Other, specify (must attach Affidavit of owner's permission for this action) \_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

ACREAGE/ SQ. FT. \_\_\_\_\_

DEED BOOK AND PAGE NUMBER: \_\_\_\_\_

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT NO. \_\_\_\_\_

***NOTE: The following items must be submitted and checked off in order for this application to be deemed complete. Incomplete applications will not be reviewed or processed.***

Applicant	Staff	Article 8-2
		A. Legal description of the property and \$200.00 application fee
		B. A description of the proposed map changes or a summary of the specific objective of any proposed change in the text of the Ordinance.
		C. An accurate diagram of the proposed rezoning showing:
		1. All property lines with dimensions, distances of lot from the nearest intersection, and north arrow.
		2. Adjoining streets with rights-of-way and pavement widths.
		3. Existing locations of buildings on lot.
		4. Zoning classification of all adjoining properties (adjoining properties shall be construed to mean and include properties on the opposite side of any street, stream, railroad, road or highway from the property sought to be rezoned).
		5. The names and addresses of all adjoining property owners, as shown on the current records of the Cleveland County Tax Assessor's Office.

*I do hereby certify that all information that I have provided in this application is correct and complete to the best of my knowledge. I understand that providing false or incomplete information may be grounds for denial of my request or may result in future action by the City Council to reverse any favorable decision based upon this request.*

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

***NO APPLICATION SHALL BE CONSIDERED BY THE PLANNING BOARD UNLESS IT HAS BEEN PROPERLY COMPLETED AND SUBMITTED TO THE DEPARTMENT OF COMMUNITY DEVELOPMENT NO LESS THAN TWENTY ONE (21) DAYS PRIOR TO THE MEETING AT WHICH IT IS TO BE REVIEWED***

**ALL ADJOINING PROPERTY OWNER INFORMATION MUST  
BE SUBMITTED ON ATTACHED SHEET OR PRINTED ON  
SEPARATE SHEET**

**FOR STAFF USE ONLY**

PROJECT \_\_\_\_\_  
RELATED PROJECT \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

APPLICATION  
FEE AMOUNT \_\_\_\_\_  
FEE RECEIVED \_\_\_\_\_

REVIEWED BY \_\_\_\_\_  
REVIEW DATE \_\_\_\_\_  
PLANNING BOARD DATE \_\_\_\_\_

