



# TOWN OF OAK RIDGE

# Conditional Zoning Application

Date Submitted: \_\_\_\_\_ Fee/Receipt # \$1000.00+\$100.00 per acre \_\_\_\_\_ / \_\_\_\_\_ Case Number \_\_\_\_\_

Submit Fee and Application to the Town of Oak Ridge

**Provide the required information as indicated below.** Pursuant to the Oak Ridge Development Ordinance, this application will not be processed until application fees are paid; the form below is completed and signed; and all required maps, plans and documents have been submitted to the satisfaction of the Enforcement Officer. Additional sheets for tax references and signature blocks are available upon request.

Pursuant to Section 30-301 of the Oak Ridge Development Ordinance, the undersigned hereby requests the Town of Oak Ridge to rezone the property described below from the \_\_\_\_\_ zoning district to the \_\_\_\_\_ zoning district.

Said property is located \_\_\_\_\_

in \_\_\_\_\_ Township; Being a total of: \_\_\_\_\_ acres.

Further referenced by the Guilford County Tax Department as:

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

### Check One:

The property requested for rezoning is an entire parcel or parcels as shown on the Guilford County Tax Map.

The property requested for rezoning is a portion of a parcel or parcels as shown on the Guilford County Tax Map; a written legal description of the property and a map are attached.

### Check One:

The applicant is the property owner(s)

The applicant is an agent representing the property owner(s); the letter of property owner permission is attached.

### Conditional Use Rezoning Requirements

Zoning Sketch Plan. A sketch plan illustrating proposed conditions and other pertinent information is required for all conditional use rezoning requests. Sketch elements not illustrating proposed conditions are subject to subdivision and site plan review. Refer to Appendix B, Map Standards of the Oak Ridge Development Ordinance.

Zoning Conditions. Use and/or development conditions must be provided. Complete Page 2 of this application. Refer to uses as listed in Permitted Use Schedule in Section 30-331 of the Oak Ridge Development Ordinance.



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## Use Conditions

Uses of the property shall be limited to the following uses as listed in the Permitted Use Schedule, Section 30-331 of the Oak Ridge Development Ordinance:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

## Development Conditions

Development of the property shall occur in accordance with the following standards and requirements in addition to those specified in the Oak Ridge Development Ordinance:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_



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A Conditional Use Rezoning Application must be signed by current property owner(s).

*I hereby agree to conform to all applicable laws of Oak Ridge and the State of North Carolina and certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that by filing this application, representatives from the Town of Oak Ridge may enter the subject property for the purpose of investigation and analysis of this request.*

### YOU OR SOMEONE REPRESENTING YOU MUST BE PRESENT AT THE PUBLIC HEARING

Respectfully Submitted,

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Representative Signature (if applicable)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

### Additional Tax Map References

Further referenced by the Guilford County Tax Department as:

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

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### ***Additional Signatures***

*I herby agree to conform to all applicable laws of Oak Ridge and the State of North Carolina and certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that by filing this application, representatives from the Town of Oak Ridge may enter the subject property for the purpose of investigation and analysis of this request.*

### **YOU OR SOMEONE REPRESENTING YOU MUST BE PRESENT AT THE PUBLIC HEARING**

_____ Applicant Signature
_____ Name
_____ Mailing Address
_____ City, State and Zip Code
_____ Phone Number
_____ Applicant Signature
_____ Name
_____ Mailing Address
_____ City, State and Zip Code
_____ Phone Number

_____ Applicant Signature
_____ Name
_____ Mailing Address
_____ City, State and Zip Code
_____ Phone Number
_____ Applicant Signature
_____ Name
_____ Mailing Address
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