



TOWN OF OAK RIDGE

Rezoning 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.
- The applicant has an option to purchase or lease the property; a copy of the offer to purchase or lease is attached (financial figures may be deleted).
- The applicant has no connection to the property owner and is requesting a third party rezoning.

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



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Additional Tax Map References

Further referenced by the Guilford County Tax Department as:

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

Tax Parcel # _____

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

Name

Name

Applicant Signature

Applicant Signature

Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Phone Number

Phone Number

Name

Name

Applicant Signature

Applicant Signature

Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Phone Number

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