



APPLICATION FOR CONDITIONAL ZONING



date submitted _____ fee receipt number _____ case number _____

APPLICANT INFORMATION

property owner(s) name(s) _____

contact phone (single point of contact) _____

mailing address _____

email (single point of contact) _____

PROCESSING REQUIREMENTS

Provide the required information as indicated below. Pursuant to the Summerfield Unified Development Ordinance (UDO) currently in effect, this "Application for Conditional Zoning" will not be processed until the application fees have been paid, this form has been completed and signed, and all required maps, plans, and documents have been submitted to the UDO Zoning Administrator's satisfaction.

PROPERTY INFORMATION

Pursuant to the UDO, the undersigned hereby requests that Summerfield rezone the property described below from the _____ zoning district to the _____ zoning district. Said property is located in _____ Township, consists of _____ total acres, and is further referenced by the Guilford County Tax Department as:

tax parcel number _____ tax parcel number _____

tax parcel number _____ tax parcel number _____

tax parcel number _____ tax parcel number _____

(If needed, attach a single sheet specifying additional tax parcels.)

CONDITIONAL ZONING REQUIREMENTS

- Zoning Sketch Plan.** A Sketch Plan illustrating proposed conditions and other pertinent information is required for all conditional zoning requests. Sketch elements not illustrating proposed conditions are subject to subdivision and Site Plan review.
- Zoning Conditions.** Use and/or development conditions must be provided. Refer to uses as listed in Table 4.D.2(a) of the Summerfield UDO.

USE CONDITIONS

Uses of the property shall be limited to the following uses as listed in Table 4.D.2(a) of the Summerfield UDO:

1. _____



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- 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 UDO:

- 1. _____
- _____
- 2. _____
- _____
- 3. _____
- _____
- 4. _____
- _____

The applicant or a representative must be present at the two public hearings – one at the Planning Board level and another at the Town Council level.

REQUIRED SIGNATURES

This Application for Conditional Zoning must be signed by the current property owner(s).

I hereby agree to conform to all applicable laws of the State of North Carolina, Guilford County, and the Town of Summerfield 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 Summerfield may enter the subject property for the purpose of investigation and analysis of this request.

owner #1 signature _____ date _____

owner #2 signature (if applicable) _____ date _____

owner #3 signature (if applicable) _____ date _____

Town of Summerfield approval _____ date _____

