

**CITY OF BELMONT**  
**Application for Zoning Map Amendment (Rezoning)**

<b>Date Filed</b> /         /	To be completed by City of Belmont <b>Application Number</b> ZA-_____._____.
To be completed by City of Belmont: <b>Hearing Date(s) P&amp;Z</b> /         / /         /	To be completed by City of Belmont <b>City Council</b> /         / /         /

**To the Planning and Zoning Board and City Council of Belmont, NC:**

I (we) the undersigned do hereby respectfully make application and request the Planning and Zoning Board and City Council to amend the zoning map of the City of Belmont:

In support of this application, the following facts are shown:

<b>Current Zoning (circle one)</b>	R-R	S-R	G-R	NC-R	INF-R	MH-R
	NC-C	H-C	R-C	BC-D	IC-D	TN-D

<b>Proposed Zoning (circle one)</b>	R-R	S-R	G-R	NC-R	INF-R	MH-R
<b>Conditional District? (CD) <input type="checkbox"/></b>	NC-C	H-C	R-C	BC-D	IC-D	TN-D

Physical Property Address:		
Physical Description of Location:		
Tax Parcel Number: (PID Number)		
Property Owner:		
Owner's Address:		
City:	State:	Zip:
Phone Number: (         )         -	Email Address:	
Applicant Name if different than owner:	Applicant Phone Number if different than owner:	
Applicant Email Address if different than owner:		

## MAP REQUIREMENTS

This application shall be accompanied by two (2) maps drawn to scale. Such maps shall be produced on one of the following sizes: 8 1/2" by 11", 8 1/2" by 14", or 11" by 17". The maps shall contain the following information:

- The subject property plus such property as to show the location of the subject property with reference to the nearest street intersection, railroad, stream or other feature identifiable on the ground.
- All properties which abut the property.
- If the property is in a subdivision of record, a map of such portion of the subdivision that would relate to the subject property to the closest street intersection.
- A written metes and bounds description of the property or properties.
- The present and proposed zoning classification of the lot(s) in question.
- The property identification number(s) of the lot(s) in question as issued by the Gaston County Tax Department.
- Full schematic design/site plan as described in Chapter 16.8 of the Belmont Land Development Code (*only if the application is for a conditional district*).

## MAP AMENDMENT REQUIREMENTS

If a straight rezoning (not a CD) is requested, then please leave the space below blank.

If a Conditional District (CD) is requested, you must list the specific sections of the Land Development Code from which you seek changes. You may list these on a separate sheet of paper.

The City of Belmont is required to notify all property owners within one hundred (100) feet of the boundary of the property. Those properties immediately across the ROW from the property shall be included in this list. The City will also post the subject property with at least one rezoning sign and will advertise the rezoning request in the local newspaper.

Signature of Property Owner

Signature of Applicant, if different than the property owner

Application Fee (Dept Use Only)

-Please note...The applicant is responsible for the costs of all public notices required by state law. The City will be responsible for the dissemination of the advertisements and will arrange to have the bills sent directly to the applicant. Any changes to this policy must be made prior to the submission of the application.

-This application must be signed by the property owner or their authorized agent.