

**CITY OF GOLDSBORO, NORTH CAROLINA
APPLICATION FOR CHANGE OF ZONE**

Application No. _____ Date Submitted: _____

Application is hereby made to the City Council and the Planning Commission of the City of Goldsboro, North Carolina, to rezone the below described property:

Wayne County Tax I. D. Number: _____ Township __ __ Map No. __ __ __
(May be obtained from the Wayne County Tax Office located in the Block No. __ __ Lot No. __ __ __
Courtthouse; This information must be included in order to process.) Sub-Map No. (If Applicable) __ __

Frontage: _____ Depth: _____ Area: _____

Present Zoning: _____ Proposed Zoning:* _____

*If a Conditional District is requested, please describe the proposed use, justification and reason for the change of zone request.

NOTE: Six (6) copies of a site plan must be submitted when a Conditional District has been requested. Information on the site plan shall meet or exceed requirements contained within the City's Unified Development Ordinance.

Applicant: _____
Address: _____
Phone: _____ E-Mail: _____

Property Owner (If Different from Applicant): _____
Address: _____
Phone: _____ E-Mail: _____

Agent or Contact Person: _____
Address: _____
Phone: _____ E-Mail: _____

I certify that all statements furnished within this application are true to the best of my knowledge.

Applicant or Agent

Property Owner