

Application Fees:

Conditional Zoning \$550 (Includes advertisement fee)

General Zoning \$500 (Includes advertisement fee)

Received Date: _____

Initials: _____

CHANGE OF ZONE APPLICATION

For Office Use Only:

Application Number: _____	Date processed: _____
Fee Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	Initials: _____

Applicant Acknowledgement: Only applicable if Conditional Zoning

I understand that the City of Goldsboro must have three (3) sets of Site plans submitted along with an electronic site plan emailed to the Planning Administrative Assistant listed on the website at www.goldsboronc.gov/planning or they will not be able to send out my application for formal review. I understand my 30 day review period begins after the City of Goldsboro acknowledges they have an electronic PDF copy of the required site plan. Information on the site plan shall meet or exceed the City of Goldsboro Unified Development Ordinance (UDO). Site plan needs to be in sufficient detail and scale to display precisely how the use intends to operate. See attached sheet for common things expected on site plan. If a portion of the property is prosed to be rezoned then a survey is required for the proposed area or application will not be accepted.

Applicant Signature: _____

Application is hereby made to the City Council of the City of Goldsboro for a Rezoning request (Complete the following information):

Conditional Zoning **General Zoning** (check which applies)

Name of Development: _____

Property Address: _____

Total Acreage: _____ **Frontage:** _____ **Depth:** _____

Wayne Co. Pin #: _____ **Current Zoning:** _____ **Proposed Zoning:** _____

If Conditional Zoning, describe proposed use, justification and any uses prohibited for the request:

Applicant (Print): _____

Applicant Address: _____ **City,State,Zip:** _____

Applicant Phone: _____ **Applicant Email:** _____

Owner (Print): _____

Owner Address: _____ **City,State,Zip:** _____

Owner Phone: _____ **Owner Email:** _____

(If owner differs from applicant a Owners Authorization Form is required upon submission)

Surveyor/Site Designer (Print): _____

Surveyor/Site Designer Address: _____ **City,State,Zip:** _____

Surveyor/Site Designer Phone: _____ **Surveyor/Site Designer Email:** _____

SIGNATURE REQUIRED

Applicant - Printed

Applicant Signature

Date

CONDITIONAL REZONING & SPECIAL USE PERMIT APPLICATION

SITE PLAN REQUIREMENTS

**All requirements may not be applicable due to existing site conditions or the nature of the proposal*

- Staff recommends that a Professional Land Surveyor or Professional Engineer prepare the plan, this is not required but the site plan must be drawn to scale of at least 1": 100'
- Property Owner information (name, phone, email, address) to be noted on site plan
- Location of property lines (boundary of property)
- Property acreage/sq feet
- Property Tax Parcel number
- Location of existing R/W and easements
- Zoning district (noted on plan)
- Adjacent property uses
- Locations of proposed structures & setbacks from property line (including dimensions)
- Hours of operation
- Number of employees
- Parking detail
- Buffer detail
- Landscaping detail
- Trash collection area
- Loading/unloading area
- Flood hazard areas
- Number of dwelling units (multi-family details as applicable)
- Floor plan detail for existing structures

**CITY OF GOLDSBORO
 OWNER'S AUTHORIZATION**

IF the owner(s) of this subject property are giving authorization for someone else to apply for an application with the City of Goldsboro, for any of the following City of Goldsboro applications:

Please check the applicable box(es):

- Rezoning Site Plan Board of Adjustment - Variance
 Subdivision Special Use Permit Home Occupation Permits

This authorization must be completed and submitted at time of application. I/(WE)

_____, do(es) hereby certify that I/(WE)
 (Name of owner(s) of subject property)

am/(are) the Owners of the property legally described below and hereby certify that I/(WE) have given authorization to the following person and/or corporation:

_____ to submit an application
 (Name of Company and Authorized Representative)

to the City of Goldsboro, NC for My/(OUR) property as listed below.

Wayne County Parcel Identification Number(s):	Property Address:
_____	_____
_____	_____

_____	_____	_____
Property Owner – Print	Property Owner Signature	Date

NOTARY STATEMENT

Sworn to and subscribed before me the _____ day of _____, 20__

Notary Public in and for the State of _____. County of _____

I, _____, Notary Public, do hereby certify that

_____ (name of individual(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this _____ day of _____, 20__.

_____	_____
Official Signature of Notary	Notary printed or typed name

SEAL

My commission expires: _____