



**PETITION FOR REZONING
APPLICATION**

Date: _____

Fee: _____

As the Petitioner(s), I/We _____ request that the Town of Topsail Beach Planning Board recommend to the Town of Topsail Beach Board of Commissioners to change the Official Zoning Map of the Town of Topsail Beach as defined in the Unified Development Ordinance (UDO) as follows:

Property Owner _____

Deed Recorded in: Book # _____ Page # _____ Pender County Registry

Deed provided and attached. Along with a digital copy of the applications and exhibits submitted.

Location of Property

Parcel Identification Number _____

Street Address: _____

Located between _____ and _____ streets on the _____ side of the street

Property Size

Acreage (ft²) _____ Street Frontage (ft) _____ Depth (ft) _____

Present Zoning District _____ Requested Zoning District _____

I certify that the following are owner(s) of the property subject to rezoning request as listed in the Pender County Registry.

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I furthermore certify that the following persons are owners of properties adjoining this property. A copy of an applicable map must be attached which labels each of the adjacent property owners with the corresponding numbers listed below and/or Parcel Identification Numbers.

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Attach extra sheets if necessary.

Owner's Statements and Signatures

[Required if Applicant is not property owner]: In filing this application for rezoning I/We, as the property owner(s), hereby certify that all of the information presented in this application is accurate to the best of my knowledge and belief. I hereby authorize the applicant to submit an application affecting the use of property.

Signature of Owner(s): _____ Date: _____

[Required if owner wished to establish an agent (attorney, real estate, etc.): I/We hereby designate _____ to act on my behalf regarding this application, to receive and respond to administrative comments, to resubmit plans on my behalf, and to speak for me in any public meeting regarding this application.

Signature of Owner(s): _____ Date: _____

Applicant Signature: _____

Address: _____ **Phone:** _____

Date: _____