

Town of Swansboro
601 W. Corbett Avenue Swansboro, NC 28584
Phone (910) 326-4428 - Fax (910) 326-3101

APPLICATION FOR ZONING & ORDINANCE AMENDMENTS

Check the Appropriate Blank

- Add a Use to a Zoning District
- Remove a Use from a Zoning District
- Create a New Zoning District

Application No. _____

- Amend Code of Ordinances
- Amend Unified Development Ordinance
- Zoning District Designation Change

A complete application must be received with the fee by the third Friday prior to the month of review.

Property Owner Name _____ Phone # _____

Address of Zoning Request _____

Mailing Address _____

Zoning Amendments

Attach a copy of the legal description of the property (including address if assigned) that is requested for a zoning change (i.e. metes and bounds). **The application will not be scheduled for review until these items are received.**

Provide a list names and mailing address of adjacent property owner on the reverse side of this application. **The application will not be scheduled for review until these items are received.**

Present Zoning _____ Desired Zoning _____

Probable Use of Property _____

Reason for Zoning Change Request _____

Ordinance Amendments

Code Section to be amended _____

Print clearly the code section wordage to be amended _____

Print clearly the code section wordage as suggested _____

Reason for requested amendment _____

Signature _____ Date _____

Town Hall Use Only

Fee Paid _____ Date Received _____ Date scheduled for Planning & Zoning Board review _____

Recommendation from Planning & Zoning Board _____

Public Hearing Run Dates _____ Date of Public Hearing _____

Effective Date of Change _____ Ordinance Number _____