CITY OF HICKORY APPLICATION FOR REZONING (NON PD OR CZ)

DATE	SUBMIT	TED:		

TO THE PLANNING COMMISSION AND THE CITY COUNCIL OF THE CITY OF HICKORY, NORTH CAROLINA:

I (We), the undersigned, do hereby respectfully make application and petition to amend the Zoning Map of the City of Hickory, as hereinafter requested, and in support of this application, the following facts are shown of the application and all required materials):

1.	The property proposed to be rezoned is located on				
	between and				
	PIN NO. (S):				
	Physical (Street) Address:				
2.	The property is owned by: (please print)				
	(Attach a copy of the most recent deed, contract for purchase or other legal interest demonstrating an interest in the property.)				
	Owner Information:				
	Name:				
	Address:				
	Phone Number:				
	Email Address:				
3.	The petition is submitted by:				
	(If the Petition is submitted by someone other than the owner, a letter from the owner(s) authorizing the agent to act on his or her behalf must be submitted with the application. This authorization must be signed and notarized by all owners having an interest in the subject property.)				
	Agent Information:				
	Name:				
	Address:				
	Phone Number:				

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4.	It is desired and requested that the foregoing property be REZONED:				
	FROM:	TO:			
5.	Please list the current use(s) of the property:				
5.	OWNER'S AFFIDAVIT				
	We, the undersigned owner(s), here upport of this application is true an	eby certify that the information contained herein and submitted in d correct.			
P	rinted Name of Owner	Signature of Owner			
(Plea	ase choose the appropriate notary	y block)			
State	of North Carolina – County of				
due e		ic of the County and State aforesaid, certify that _ personally appeared before me this day and acknowledged the ment for the purposes expressed herein. Witness my hand and day of, 20			
Му С	Commission Expires:	Notary Public			
State	of North Carolina – County of	·			
I, the she is limite and the mane	undersigned Notary Public of the catherent state and liability corporation / general part by authority duly given and as the catherent state and as the cath	County and State aforesaid, certify that personally came before me this day an acknowledged the he / of corporation / rtnership / limited partnership (strike through the inapplicable), the act of such entity he /she signed the foregoing instrument in its Witness my hand and Notarial stamp or seal, this			
Му С	Commission Expires:	Notary Public			

This Application must be submitted to the Planning Department by 5:00 p.m. on the last regular working day of the month preceding the meeting at which it is to be considered by the Planning Commission. Only complete applications will be accepted.