

Application for REZONING or CONDITIONAL REZONING

P.O. Drawer 357 201 South Main Street Graham, NC 27253 (336) 570-6705 Fax (336) 570-6703 www.cityofgraham.com

This application is for both general district rezonings and conditional rezonings. Applications are due on the 25th of each month. Applicants are encouraged to consult with the *City of Graham Development Ordinances* and the City Planner.

Site	Proposed Rezoning or Conditional Rezoning
Street Address:	Proposed Zoning District(s): ☐ R-7 ☐ R-9 ☐ R-12 ☐ R-15 ☐ R-18 ☐ R-MF ☐ R-G ☐ C-R ☐ C-MXR ☐ B-1 ☐ B-2 ☐ B-3 ☐ C-B ☐ C-MXC ☐ O-I ☐ C-O-I ☐ I-1 ☐ I-2 ☐ C-I
Tax Map#: GPIN: Current Zoning District(s): R-7 R-9 R-12 R-15 R-18	
R-MF R-G C-R C-MXR B-1 B-2 B-3 C-B C-MXC O-I C-O-I I-1 I-2 C-I Overlay District, if applicable: Historic S Main St/Hwy 87 E Harden St/Hwy 54	Describe the purpose of this rezoning request. For Conditional Rezonings, also specify the actual use(s) intended for the property (from Sec. 10.135 Table of Permitted Uses) along with other descriptive or pertinent information, such as number of dwelling units, type of multifamily development,
Current Use:	square footage and number of buildings:
Total Site Acres:	
Property Owner:	
Mailing Address:	
City, State, Zip:	
Applicant	
Property Owner Other Application for Conditional Rezoning may only be initiated by the owner of a legal interest in all affected property, any person having an interest in the property by reason of written contract with owner, or an agent authorized in writing to act on the owner's behalf. If the applicant for Conditional Rezoning is other than the Property Owner, documentation in compliance with the preceding statement must be provided in order for this application to be complete.	
Name:	
Mailing Address:	
City, State, Zip:	For Conditional Rezonings, this application must be accompanied by a Preliminary Site Plan and supporting information specifying the actual use(s) and any rules, regulations or conditions that, in addition to predetermined ordinance requirements, will govern the development and use of the property.
Phone #	
Email:	
I have completed this application truthfully and to the best of my ability.	Site Plan Review Application <i>must be attached</i> to this application for Conditional Rezonings
Signature of Applicant Date	Office Use Only. DEVID#