

TOWN OF GARNER

www.GarnerNC.gov

GENERAL REZONING

A written description of the area petitioned along with a map of the area to be rezoned must be submitted along with a completed application and filing fee.

OFFICE USE ONLY

Application Number: _____ Date: _____ Receipt: _____

Related Projects: _____

Property Location: _____

Please Note: If only a part of a parcel is requested to be rezoned, write "part" after the Wake County Parcel ID Number and Real ID Number.

Wake County Parcel Identification Number(s): _____ Corresponding Real Identification Number(s): _____

Area (acres): _____

Current Use of Property: _____

Current Zoning: _____ Requested Zoning: _____

Petitioner(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Interest in Property: _____

Owner, Agent, Lessee, Contract Purchaser, Other

Property Owner(s): _____

If the Property Owner(s) is not the Petitioner(s), please attach a completed Owner's Authorization form.

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Ownership is evidenced by Deed recorded in Books of Deeds: _____ Page _____, Wake County Register of Deeds

SIGNATURES (REQUIRED)

The undersigned states the above information is true and correct as (s)he is informed and believes.

Petitioner - Printed _____

Petitioner - Signature _____ Date _____

NOTARY STATEMENT

Sworn to and subscribed before me the _____ day of _____, 20____. Notary Public in and for the State of North Carolina.

My Commission Expires: _____

Notary Public _____ SEAL

Notary Public Printed _____ Date _____