



# TOWN OF ROLESVILLE PETITION FOR A ZONING AMENDMENT

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Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FOR MAP AMENDMENT----->**

Location of Property: \_\_\_\_\_ Wake Co. PIN(S): \_\_\_\_\_

Current Zoning District(s): \_\_\_\_\_ Requested Zoning District: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

Please include the following attachments:

- Attachment A** – a legal description of property (i.e. include on a sheet of paper the property survey, Wake County PIN #, metes and bounds description, and any other legal information available)
- Attachment B** – a list of adjacent property owners with envelopes addressed and postage paid
- Attachment C** – a write up of why the property should be rezoned. This explanation should include if the zoning coincides with the Comprehensive Land Use Plan and if the impact of the proposed rezoning affects adjacent or surrounding properties.

*NOTE: SIGNED APPLICANT MUST BE OWNER OF PROPERTY FOR MAP AMENDMENT*

**FOR TEXT AMENDMENT----->**

This petition is to hereby amend the text to allow \_\_\_\_\_

\_\_\_\_\_ as a (check one) permitted use  conditional use  special use

in the \_\_\_\_\_ zoning district.

Please include the following attachments:

- Attachment A** – a write up of the brief description of the proposed use
- Attachment B** – a write up of why the amendment is necessary

*I, as owner or agent, understand that I am responsible for all applicable fees due upon submittal of this petition. I understand that no review will take place until all fees have been paid and the application has been submitted in full with all required information.. I agree that all information listed above and attached is correct and true to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date