Permit Number:	



PETITION FOR ZONING CHANGE OF PROPERTY AND/OR TEXT AMENDMENT

* * * * * * * * * * * * * * * * * * *	*)w.
IMPORTANT: Supplementary information required as part of petition to be included: Copy of recorded deed Copy of the Stanly County Tax Map which delineates the property requested for rezoning Legal description of property requested for rezoning, by metes and bounds or a recorded plat depicting such	ow.
 □ Copy of recorded deed □ Copy of the Stanly County Tax Map which delineates the property requested for rezoning □ Legal description of property requested for rezoning, by metes and bounds or a recorded plat depicting such 	
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Text changes submitted on 81/2 X11 with shaded text representing new language and strikethroughs for language to be rem	
	oved,
Additional information may be provided and attached to this petition.	
Applications must be submitted and reviewed by the Town of Norwood, 212 S. Main Street, Norw 28128 for completeness prior to acceptance. Fees payable to the Town of Norwood <u>must</u> accompetition.	rood NC pany the
This petition will be scheduled for the next possible regular Planning and Zoning Board meeting. The p or his representative should be present at the meeting to answer any questions. Planning and Zonin meetings are held at Town Hall on the set upon date and time. Petitions and supplementary information be received at least 15 working days prior to the scheduled meeting date to allow time for process advertisement as required by the General Statutes of North Carolina. PLEASE PRINT	ig Board
Name of Petitioner:	
(Phone Number)	
Owner Name and Address:	
(Print Name) (Address)	
(City, State, Zip) (Email Address)	
Address(s) of Requested Site:	
Tax Parcel #(s)	
A	
Acreage/Sq. Ft Existing Zone Requested Zone	
Acreage/Sq. Ft Existing Zone Requested Zone Signature of Petitioner: Date	

* * * * * FOR USE BY STAFF ONLY * * * * *

ADVERTISEMENT	Date(s)
PLANNING AND ZONING BOARD	Date
□ Approved □ Denied	
Comments:	
COMMISSIONERS MEETING	Date
□ Approved □ Denied	
Comments:	
* * * * * * * * * * *	* * * * * * * * * * *
Received & Reviewed by:	
Title:	Date:
ADDITIONAL INFORMATION:	
	

Permit Number: _____