



*Town Of Red Cross
North Carolina*

176 East Red Cross Road
Oakboro, NC 28129
704-485-2002 / 704-485-2015 (FAX)
www.townofredcross.com



INFORMATION FOR APPLICANTS REQUESTING
A CHANGE IN ZONING OR ZONING VARIANCE

This application is for: () a change in Zoning
 () a Zoning Variance

In order to apply for a **Zoning Change**, a complete Development Package (DP) must be submitted. The DP consists of:

1. *One* completed and notarized application form;
 Included: Yes No
2. *One* Re-Zoning location map including all property lines with dimensions and north arrow. This must include the zoning of surrounding properties. A copy from www.stanlygis.net is acceptable if the property size and location is correct on their site.
 Included: Yes No
3. *One* Land Use Statement detailing purpose of request;
 Included: Yes No
4. *One* Traffic Impact Analysis Statement, including location of all streets and uses of all surrounding land.
 Included: Yes No
5. *One* copy of filed plat **OR** field notes and map of survey, containing metes and bounds description tied to block corner with surveyor's seal if the change pertains to Commercial (NB,HB), Industrial or Manufacturing.
 Included: Yes No

For a **Zoning Variance**, please submit to the Town Zoning Enforcement Officer the following:

1. A completed application form;
 Included: Yes No
2. A copy of your deed.
 Included: Yes No
3. A sketch of the subject property indicating road or street names and dimensions of the property, see application for more details.
 Included: Yes No

A calendar of deadlines for submitting applications together with meeting dates is posted on the bulletin board in Red Cross Town Hall.

For each application, a non-refundable application fee of \$265.00 is due payable to the Town of Red Cross. This fee pays for staff time in processing your application and for newspaper publication costs.



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Permit No:

ZONING VARIANCE APPLICATION

Fee Due:	\$ 265.00
Fee Paid:	\$ _____
Date Paid:	_____

Applicant's Name: _____ Applicant's Phone Number: _____

Mailing Address: _____
Street Town State Zip

Address where Variance is being requested:

Does applicant own the real property? Yes No; If no show name and address of true owner:

Include One location map including all property lines with dimensions and north arrow. This must include the zoning of surrounding properties. A copy from www.stanlygis.net is acceptable if the property size and location is correct on their site. It must also show locations of streets, street names and uses of all land. For a variance on proposed construction, a Comprehensive site plan may be needed for Commercial, Industrial or Manufacturing.

IMPORTANT, THE FOLLOWING CONDITIONS ALSO APPLY
If public water and sewer service is available for the property described above, attach completed water and sewer service application form, if required. If only Private Water and Sewer Service is available, attach a copy of current soil percolation test report for this property.

Variance Requested:

Applicant's signature _____ *Date* _____

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Permit No:

APPLICATION FOR ZONING CHANGE

Fee Due:	\$ 265.00
Fee Paid:	\$ _____
Date Paid:	_____

Applicant's Name: _____ Applicant's Phone Number: _____

Mailing Address: _____

Street Town State Zip
 Address where Variance is being requested: _____

Legal Description: _____

Deed Book Page

Does applicant own the real/personal property? Yes No; If no show name and address of true owner and attach letter of authorization:

Current Property Description: _____

Zoning District:	<input type="checkbox"/> R8	<input type="checkbox"/> R10	<input type="checkbox"/> R20	<input type="checkbox"/> R40	<input type="checkbox"/> RA	<input type="checkbox"/> NB	<input type="checkbox"/> CB	<input type="checkbox"/> HB	<input type="checkbox"/> GB	<input type="checkbox"/> M1
	SEPGS	RMH	R8-CD	R10-CD	R20-CD	R40-CD	RA-CD			
Property Use Description:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Single Family Resident	<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-family				
	<input type="checkbox"/> Manufactured Housing	<input type="checkbox"/> Civic, Church, Daycare	<input type="checkbox"/> Other _____							
List Existing Structures:	_____									

Requested Zoning Change:

Zoning District:	<input type="checkbox"/> R8	<input type="checkbox"/> R10	<input type="checkbox"/> R20	<input type="checkbox"/> R40	<input type="checkbox"/> RA	<input type="checkbox"/> NB	<input type="checkbox"/> CB	<input type="checkbox"/> HB	<input type="checkbox"/> GB	<input type="checkbox"/> M1
	SEPGS	RMH	R8-CD	R10-CD	R20-CD	R40-CD	RA-CD			
Property Description (Not Required to disclose and decision cannot be made on intended use):	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Single Family Resident	<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Manufactured Housing	<input type="checkbox"/> School, Church, Daycare		
	<input type="checkbox"/> Other _____									

I hereby certify that I have read and examined this application and the attached instruction sheet and know the information I have provided to be true and correct. All provisions of laws and ordinances governing this application will be complied with whether specified herein or not. The granting of a zoning change does not presume to give authority to violate or cancel the provisions of any other state or local law regulation the use of the property.

 Signature of Applicant Date

SWORN TO and SUBSCRIBED before me this ____ day of _____, 20__.

SEAL

 Notary Public, County, State
 My commission expires: _____

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