



Town of Garland
190 South Church
Avenue Garland,
North Carolina 28441

REZONING APPLICATION

Name of Project: _____

Date: _____

Applicant Name: _____

The following checklist to be completed by applicant:

Application Fee, \$350.00

Advertisement Fee, \$200.00

Submit 1 hardcopy and 1 digital copy of each of the following:

Completed Application

Owner's Consent Form

Adjacent Property Owner's List

Boundary Survey or Site Plan depicting the following:

1. The shape and dimension of the area proposed for zoning change.
2. The location of the area with respect to adjacent rights-of-way.

One set of business (No. 10) envelopes stamped with a first class stamp and addressed to each person on the adjacent property owner list included in this application. These envelopes must be submitted with the application.

Reviewed by: _____



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REZONING APPLICATION

SITE INFORMATION

Name of Project: _____

Acreage of Property: _____ Deed Book, PG #: _____

Pin #: _____

Address/Location: _____

Existing Zoning District: _____ Proposed Zoning District: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ File Number: _____



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OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name: _____

Address or PIN #: _____

AGENT/APPLICANT INFORMATION:

(Name - type, print clearly)

(Address)

(City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

(Name - type, print clearly)

(Address)

(Owner's Signature)

(City, State, Zip)

STATE OF _____
COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____