

POLK COUNTY

• PO Box 308 • Columbus, NC 28722 • 828-894-2732 • 828-894-2913 (Fax)

Amendment Application



Case #: _____

1. Application Type

Rezoning (Map Amendment):
Rezoning

Text Amendment:
Other: _____

2. Project Information

Date of Application _____ Name of Project _____
Location _____
Property Size (acres) _____ # of Units (residential) _____
Current Zoning _____ Proposed Zoning _____
Current Land Use _____ Proposed Land Use _____
Tax Parcel Number(s) _____

3. Contact Information

Developer _____
Developer Address _____ City, State Zip _____
Telephone _____ Fax _____
Signature _____ Print Name _____ Date _____

Agent (Registered Engineer, Designer, Surveyor, etc.) _____
Address _____
City, State Zip _____
Telephone _____ Fax _____
Signature _____ Print Name _____ Date _____

Property Owner _____
Address _____
City, State Zip _____
Telephone _____ Fax _____
Signature _____ Print Name _____ Date _____

3. Description of Project

a. Briefly explain the nature of this request.

b. For All Rezoning: Provide a statement regarding the consistency of this request with Comprehensive Plan and the surrounding land uses.

c. For Text Amendments: Provide a statement regarding the reasonableness of the text amendment request.

Staff Use Only:

Date Application Received: _____

Received By: _____

Fee Paid: \$ _____

Case #: _____

Notes: _____
