Rezoning Application
City of Southport, North Carolina

1029 N. Howe St, Southport NC 28461
www.southportnc.org
Planning & Inspections
Phone 910-457-7961 Fax 910-457-7957

Date: ____________________________ FEE: $ __________________

Permit #: ____________________________ Project Name (If Applicable): ____________________________

A complete application for any amendment shall contain a description of the proposed zoning regulation or zoning map amendment. The application shall state in detail whether the proposed amendment is consistent with CAMA Core Land Use Plan and any other officially adopted plan that is applicable. The application shall also give detailed evidence that the proposed amendment is in the interest and will benefit the general public and not solely be of benefit to the applicant; that the uses within the proposed zoning district are similar or comparable to the uses in the district as currently zoned, or that none of the uses permitted in the proposed zoning district may potentially adversely affect property values or the health, safety, morals, or general welfare of the residents of the surrounding area. Such application shall be filed with the Administrator to be processed in accordance with Section 12-5 of the UDO.

The Planning Board and Town Council may consider the following when deciding: Impact on neighbors and neighborhood, traffic, environment, utilities, suitability of land, harmony with area, schools, economic impact, tax base increase, spot zoning created, road capacity, adequate infrastructure, community opinion, property values, consistency with the Land Use Plan, future land use map, jobs, public services, buffering requirements, environmental impact, site limitations, and consistency with plans and prior decisions. The Boards cannot consider ethnicity, income, affordable housing, owner vs. renter housing, or who the owner is when deciding.

Petitioner Name: __________________________________________________________

Mailing Address: __________________________________________ City: __________________

State: ______________ Zip Code: __________________

Phone: ______________ Email: __________________

Street Address and/or Description of Location: __________________________________________________________

 Parcel ID #: __________________

Site Acreage: __________________ Number of Lots: __________________

Current Zoning District: __________________ Proposed Zoning District: __________________
If the proposed change would require a change in the zoning map, attach an accurate diagram of the property proposed for rezoning showing:

1. All property lines with dimensions and north arrow.
2. Adjoining streets with rights-of-way and paving widths.
3. The location of all existing structures on the property.
4. The existing land uses associated with the property.
5. The zoning classification of all abutting zoning districts.
6. A list of all abutting property owners.

Future Land Use Map Designation: _________________________________________________

Is the proposed zoning consistent with the Land Use Plan? (Describe how it is consistent below if so)
(Please Circle One):   Yes    No

Please describe the changing conditions in the area or in the City of Southport that makes the proposed amendment necessary to the promotion of the public health, safety and general welfare, or that identifies an obvious error in the zoning map based upon the zoning classification or current land use of surrounding properties. Also include an explanation on why the proposed zoning is or is not consistent with the Land Use Plan and other adopted plans (Attach separate sheet if necessary)
Rezoning Fees as of July 1, 2018

<table>
<thead>
<tr>
<th>Rezoning:</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 Acres</td>
<td>$500.00</td>
</tr>
<tr>
<td>3.01-6.00 Acres</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>6.01 + Acres</td>
<td>$1,000.00 + $100/acre</td>
</tr>
</tbody>
</table>

In filing this Rezoning Petition, I hereby certify that I am authorized to submit this application and that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

____________________________  __________________________
Signature (Owner or Authorized Applicant)  Date