



Town of Aberdeen

Planning Department
Phone: (910)944-7024
Fax: (910)944-7459

For office use only:

Application No. _____

Date Received: _____

Amount Received: _____

Rezoning Application

APPLICANT INFORMATION:

Applicant: _____

Phone No. _____ Cell No. _____ Email: _____

Applicant's Address _____

Location/Address: _____

Attach Legal Description (Metes and Bounds) of the area requested

ZONING REQUEST:

A. Existing zoning: _____ Requested Zoning: _____

B. Existing land use on property: _____

C. Demonstrate that the proposed rezoning is consistent with the Town's Comprehensive Land Development Plan. More specifically:

1. How do the potential uses in the new district classification relate to the existing character of the area?

2. In what way is the property proposed for rezoning suited for the potential uses of the new district?

3. How will the proposed rezoning affect the value of nearby building?

NOTE: DEADLINE FOR SUBMITTAL IS ONE MONTH PRIOR TO THE APPLICABLE MEETING DATE OF THE PLANNING BOARD.

Acceptance of this application does not imply approval of this request.

Applicant's Signature

Date