



Town of Aberdeen
Planning & Inspections Department

Office: (910) 944-7024 | Email: Aberdeen.Planning@gmail.com



ZONING MAP AMENDMENT - APPLICATION

ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.

APPLICATION DATE : ___/___/___ **LOCATION / ADDRESS :** _____

PROPERTY OWNER : _____
 Phone Number : _____ Email Address : _____

APPLICANT : _____
 Phone Number : _____ Email Address : _____
 Status of Applicant : Property Owner Developer Legal Representative Other : _____

PARCEL IDs (list all applicable) : _____
TOTAL NUMBER OF PARCELS : _____ **REQUIRED SURVEY PROVIDED :** Yes No
TOTAL ACREAGE : _____ **EXISTING ZONING :** _____
EXISTING OVERLAY ZONING DISTRICT : Local Historic District (LHO) Watershed Overlay (WSO)
PROPOSED ZONING (using Aberdeen UDO Chapter 3: Zoning Districts) : _____
PROPOSED CONDITIONAL ZONING : Yes No **PROPOSED PLANNED DEVELOPMENT :** Yes No
PROPOSED OVERLAY ZONING DISTRICT : Local Historic District (LHO) Watershed Overlay (WSO)
REASONING (List any proposed conditions) : _____

ASSOCIATED LAND USE PLAN AMENDMENT RECORD (ie CZ-20-01 or RZ-20-01) : _____

ACKNOWLEDGEMENT : I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : _____ DATE : ___/___/___
 APPLICANT SIGNATURE : _____
 OWNER NAME : _____ DATE : ___/___/___
 OWNER SIGNATURE : _____