



# ZONING MAP AMENDMENT APPLICATION

**Applicant's Name:** Union County

**Applicant's Mailing Address:** 500 N. Main Street, Monroe, NC 28112

**Applicant's Phone Number:** Brian Matthews, County Manager: 704-292-2597

**Applicant's Email:** Brian.matthews@unioncountync.gov

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## Applicant's Relationship to the Property Owner (Check the one that applies):

Owner

Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)

Developer (must attach Affidavit of owner's permission for this action)

Other, specify (must attach Affidavit of owner's permission for this action)

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**Existing Zoning:** Union County, Light Industrial **Proposed Zoning:** General Industrial

**Property Address:** Goldmine Road, Monroe, NC  
09372003D; 09372003G 09372003D: 1,250,119 sf. ; 09372003G: 3,480,207 sf ;  
**Tax ID Number:** 09372003E; 09372003J **Acreage/Sq. Ft.** 09372003E: 8,742 sf. ; 09372003J: 184,362 sf.

**Deed Book and Page Number:** 09372003D: 7331/517; 09372003E: 7331/530; 09372003G: 7331/500;  
09372003J:7331/530

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**NOTE:** The following items must be submitted and checked off in order for this application to be deemed complete.  
Incomplete applications will not be reviewed or processed.

Applicant	Zoning Officer	
X		A. Legal description of the property.
X		B. An accurate diagram of the proposed rezoning showing: <ol style="list-style-type: none"><li>1. All property lines with dimensions, distances of lot from the nearest intersection, and north arrow.</li><li>2. Adjoining streets with rights-of-way and pavement widths.</li><li>3. Existing location of buildings on lot.</li></ol>
		4. Zoning classification of all adjoining properties (adjoining properties shall be construed to mean and include properties on the opposite side of any street, stream, railroad, road or highway from the property sought to be rezoned).
X		5. The names and addresses of all adjoining property owners, as shown on the current records of the Union County Tax Assessor's Office, typed on address labels.

*I do hereby certify that all information that I have provided in this application is correct and complete to the best of my knowledge. I understand that providing false or incomplete information may be grounds for denial of my request or may result in future action by the City Council to reverse any favorable decision based upon this request.*

Brian Matthews, County Manager  
Applicant-Printed

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Date

\_\_\_\_\_

\_\_\_\_\_

Date

Brian Matthews, County Manager  
Owner-Printed

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

**ALL ADJOINING PROPERTY OWNER INFORMATION MUST BE SUBMITTED  
TYPED ON SELF-ADHESIVE MAILING LABELS AND MUST INCLUDE ZIP CODES**

**EXAMPLE LABEL:**

**Tax Id No.  
Owner Name  
Owner Address  
City, State, Zip Code**

**NO APPLICATION SHALL BE CONSIDERED BY THE PLANNING BOARD UNLESS IT HAS BEEN PROPERLY  
COMPLETED AND SUBMITTED TO THE DEPARTMENT OF PLANNING AND DEVELOPMENT NO LESS  
THAN TWENTY (20) DAYS PRIOR TO THE MEETING AT WHICH IT IS TO BE REVIEWED.**

**FOR STAFF USE ONLY**

PROJECT \_\_\_\_\_

RELATED PROJECT \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

FEE AMOUNT \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

REVIEW DATE \_\_\_\_\_

PLANNING BOARD DATE \_\_\_\_\_