



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

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)
- _____

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

Property Address: Goldmine Road, Monroe, NC

Tax ID Number: 09372003D; 09372003G **Acreage/Sq. Ft.** 09372003D: 1,250,119 sf.; 09372003G: 3,480,207 sf.;
09372003E; 09372003J 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

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:
		1. All property lines with dimensions, distances of lot from the nearest intersection, and north arrow.
		2. Adjoining streets with rights-of-way and pavement widths.
		3. Existing location of buildings on lot.
		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

Date

Applicant-Signed

Date

Brian Matthews, County Manager

Owner-Printed

Date

Owner-Signed

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 _____