



DATE FILED _____
APPLICATION NUMBER _____
<i>For office use only</i>

**APPLICATION FOR CHANGE IN ZONING CLASSIFICATION
OR CHANGE IN CONDITIONS
(SEE FILING INSTRUCTIONS)**

TO: Town of Matthews Board of Commissioners
 Town of Matthews Planning Board
 232 Matthews Station Street
 Matthews, North Carolina 28105-6713

Ladies and Gentlemen:

Your consideration of this petition is requested for:

- ___ A change in zoning classification of the property hereinafter described; or
- ___ A change in conditions to an existing conditional zoning plan.

Tax parcel number(s): _____

Address of property: _____

Location of property:

Title to the property was acquired on _____
 and was recorded in the name of _____
 whose mailing address is _____

The deed is recorded in Book _____ and Page _____ in the office of the Register of Deeds for Mecklenburg County.

Present zoning classification: _____ Requested zoning classification: _____

List reason(s) why zoning should be changed (use separate sheet if necessary):

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Signature of property owner (must be original)

Signature of property owner (must be original)

Print name of property owner

Print name of property owner

Property owner's mailing address

Property owner's mailing address

Property owner's mailing address, continued

Property owner's phone number/email address

Property owner's phone number/email address

Signature of agent (if any)

Petitioner other than owner (if any)

Print name of agent

Print name of petitioner

Agent's mailing address

Petitioner's mailing address

Agent's mailing address, continued

Petitioner's mailing address, continued

Agent's mailing address, continued

Petitioner's mailing address, continued

Agent's phone number/email address

Petitioner's phone number/email address

List all tax parcel numbers, names, and mailing addresses of all property owners subject to notification of this zoning application. Attach additional sheets if necessary.

See item #7 in instruction sheet titled "Instructions for Filing an Application for a Change in Zoning Classification or Change in Conditions for Property located in the Town of Matthews."

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TAX PARCEL

TAX PARCEL

PROPERTY OWNER NAME(S)

PROPERTY OWNER NAME(S)

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS, CONTINUED

OWNER MAILING ADDRESS, CONTINUED

TAX PARCEL

TAX PARCEL

PROPERTY OWNER NAME(S)

PROPERTY OWNER NAME(S)

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS, CONTINUED

OWNER MAILING ADDRESS, CONTINUED

TAX PARCEL

TAX PARCEL

PROPERTY OWNER NAME(S)

PROPERTY OWNER NAME(S)

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS, CONTINUED

OWNER MAILING ADDRESS, CONTINUED

TAX PARCEL

TAX PARCEL

PROPERTY OWNER NAME(S)

PROPERTY OWNER NAME(S)

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS

OWNER MAILING ADDRESS, CONTINUED

OWNER MAILING ADDRESS, CONTINUED

SUMMARY OF THE REZONING PROCESS

APPLICANT: Fill in dates for each action below before filing application. Refer to the current Planning Department rezoning schedule for correct dates.

PROPERTY OWNERS: These dates are assumed to be correct at the time of zoning application submittal but are subject to revision. Contact the Planning Department (704-847-4411 or email srobertson@matthewsnc.gov) for verification.

Application submitted to and received by Town Planning office _____

Town Board of Commissioners formally accepts application and sets Public Hearing date _____

Notices sent via mail to affected/adjacent property owners on or before _____

Public hearing: applicant gives explanation of why s/he wishes to have property rezoned and neighboring owners may ask questions and voice opinions on the proposed zoning _____

Town Planning Board reviews request, information, and comments from the public hearing, then makes a recommendation to the Board of Commissioners on whether to approve or deny the request _____

Town Board of Commissioners approves or denies application _____