



# Town of Boiling Springs

PO Box 1014 | Boiling Springs, NC 28017  
Phone 704 434 2357 | Fax 704 434 2358  
www.boilingspringsnc.net

## ZONING MAP AMENDMENT PETITION

### GENERAL INFORMATION

This form is used to request a change to the zoning classification of a particular parcel on the Town's official Zoning Map. This process is often referred to as a rezoning. A consultation with planning and zoning staff is recommended prior to submitting this form.

- \$350 fee required to process Zoning Map Amendment Petitions
- Signature required on Page 2
- Zoning Map Amendments are considered by the Board of Planning & Adjustment and Town Council
- Town will give official Public Notice and hold a Public Hearing

SUBJECT PROPERTY		
Physical Address:		
Land Area:	Parcel No:	PIN:
Tax Map:	Blk:	Lot:
Deed Book:	Page:	

PROPERTY OWNER	
Property Owner(s):	
Owner Mailing Address:	
Owner Telephone:	Owner Email:

APPLICANT	
Applicant Name:	
Applicant Mailing Address:	
Applicant Telephone:	Applicant Email:
Applicant Relation to Property: <input type="checkbox"/> Owner <input type="checkbox"/> Developer <input type="checkbox"/> Legal Representative of Owner <input type="checkbox"/> Other	

Staff Assigned # \_\_\_\_\_

Revised July 6, 2021

**ZONING MAP AMENDMENT REQUESTED**

Current Zoning Classification: \_\_\_\_\_

Current Classification on Future Land Use Map: \_\_\_\_\_

REQUESTED CLASSIFICATION ON ZONING MAP: \_\_\_\_\_

**PETITIONER COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNER/APPLICANT SIGNATURES**

I hereby certify that the information on this application is true and correct. I will adhere to the conditions, comments, and restrictions, provided of this application's review. Petitions not made by or on behalf of the property owner require owner notification in accordance with state law.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Staff Assigned # \_\_\_\_\_