City of Bessemer City Application for Rezoning (Zoning Amendment)

1. Applicant Name: _____

2. Applicant Address: _____

3. Applicant City: _____ State: _____ Zip Code: _____

4. Applicant Telephone: Home:_____ Work:_____

5. Name and address of owner (if different from applicant): _____
_____

6. Location of Subject Property: _____
   (a) Street address:_____
   (b) Gaston County P.I.N. _____

7. Area of Subject Property (acres or square feet): _____

8. Zoning Classification: Current: _____ Proposed: _____

9. Existing Land Use: _____

10. Surrounding Land Use: North: _____ South: _____
East: _____ West: _____

11. Reason(s) for Requesting a Rezoning (Zoning Amendment):_____
_____
_____

Required Attachments/Submittals
Typed metes and bounds description of the property (or portion of property to be rezoned. A property deed is sufficient, provided that the deed describes only the property requested for rezoning.

Certification

I hereby acknowledge and say that the information contained herein and herewith is true and that this application shall not be scheduled for official consideration until all of the required contents are submitted in proper form to the City of Bessemer City Planning Department. It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

Signature of Applicant: _____ Date: _____

Staff Use Only:
Fee: $_____ Received by: _____ Date: _____
The application fee is nonrefundable

Staff Use Only:

Scheduled for Planning and Zoning Commission consideration:

Date: _____ Time: _____ Location: _____

Date Advertised, written notice(s) sent, and property posted: _____

Planning and Zoning Commission recommendation: ☐ Approved ☐ Denied

If denied, was an appeal filed? _____

Scheduled for City Council consideration:

Date: _____ Time: _____ Location: _____

Dates advertised: (a) first notice: _____ (b) second notice: _____

City Council recommendation: ☐ Approved ☐ Denied

Date applicant notified of City Council action: _____

Comments: _____
_____
_____
_____
_____
_____