



REZONING / MAP AMENDMENT APPLICATION

Town of Elon Planning Department
104 S. Williamson Avenue
Elon, NC 27244
(336) 584-3601

Fee: \$500

Date Received

Application Number

APPLICANT INFORMATION

Name: _____ Telephone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

PROPERTY OWNER INFORMATION

Name: _____ Telephone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

SUBJECT PROPERTY INFORMATION

Property Location: _____
Tax Map & Parcel Number(s): _____
Total Acreage: _____ Watershed: _____ Floodplain: Yes No
Existing Zoning: _____ Requested Zoning: _____
Current Use of Land: _____
Surrounding Land Uses: _____

Comments: _____

A SURVEY MAP OR A MAP DRAWN TO SCALE SHOWING THE EXTERIOR BOUNDARIES OF THE LOT(S) SHALL BE ATTACHED TO THIS APPLICATION.

SIGNATURES AND ACKNOWLEDGEMENT

To the best of my knowledge, all of the information herein submitted on this application is complete and accurate.

Signature of Applicant

Date

Signature of Property Owner

Date

OFFICE USE ONLY

Completed Application Submitted On: _____

Received By: _____

Date of Planning Board Meeting: _____

Receipt Number: _____

Recommendation of Planning Board: _____

Additional Comments: _____

Date of Public Hearing before the Town Council: _____

Public Hearing Notice Filed: _____

Name of Newspaper

Dates Notices Published: _____

Action of Town Council: _____

Additional Comments: _____
