



Town of Waxhaw
Development Services Department
1150 N. Broome Street, PO Box 617
Waxhaw, NC 28173
704-843-2195 (Phone)
704-243-3276 (Fax)
www.waxhaw.com

Date Received

Received By

Fee

ZONING CHANGE APPLICATION

Application Number: RZ-_____ Date of Application: _____

Applicant Information

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Telephone: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Telephone: _____

Relationship of Applicant to Property Owner: _____

Subject Property Information

Property Location: _____

Tax Map and Parcel Number(s): _____

Existing Zoning: _____ In Flood Area? _____

Requested Zoning District: _____ Acreage _____

Current Use of Land: _____

Surrounding Land Uses: _____

Comments: _____

No application will be considered complete unless it has been properly completed and submitted to the Zoning Administrator by the deadline for the Planning Board Meeting.

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

(Signature of Property Owner)

(Date)

(Signature of Applicant)

(Date)

All of the information herein required has been submitted by the applicant and is included or attached with this application.

(Signature of Zoning Administrator)

(Date)

TO BE FILLED OUT BY ZONING ADMINISTRATOR

Completed application submitted on: _____

Reviewed by Planning Board on: _____

Action of Planning Board: _____

Town Board Public Hearing Held On: _____

Date of Town Board Decision: _____

Action Taken by Town Board: _____

****Newspaper Affidavit should be attached***

Public Hearing Notice Filed in (Newspaper): _____

Date(s) Notices Published: _____

Notification to adjacent property owners mailed on: _____

Property Posting Date: _____