



**P.O. Box 873
Marshall, N.C. 28753**

**COUNTY OF MADISON
ZONING APPLICATION**

Check Appropriate Item(s):

- *AMENDMENT TO ZONING MAP -- ZONING CHANGE REQUEST
- *CONDITIONAL USE or SPECIAL USE
- *APPEAL OF ADMINISTRATIVE DECISION
- *VARIANCE

To be completed by staff

Date Received: _____

Fees Rec'd _____

PART 1 – To be completed by ALL Applicants

I-A IDENTIFICATION OF PROPERTY

1) Number and Street: _____

2) Present Zoning: _____

3) Acres: _____

4) Pin Number: _____

5) Legal Description of Property (Omit for zoning text amendment) – Attach if necessary. _____

I-B PROPERTY

1) The deed restrictions, covenants, trust indentures, etc. on said property are as follows (or copy attached): if NONE so state: _____

2) (a) Has this property or any part thereof ever been considered for Variance, Special Use, Appeal of Administrative Decision or Amendment to the Zoning Map before? *YES *NO

(b) Date: _____

(c) What was the disposition of the case? _____

(d) Former Applicant Name: _____

Former Applicant Address: _____

Former Phone: _____

1-C IDENTIFICATION OF APPLICANT – All applicants must have standing (an interest in property that will be directly affected by requested action)

1) Applicant:
Name: _____
Address: _____
Phone: _____

Agent (if any):
Name: _____
Address: _____
Phone: _____

2) Owners of all property included in this application:
Name: _____
Address: _____
Phone: _____

3) If the applicant is a Land Trust, Partnership, Corporation, or LLC, etc.. or if the subject property is owned or controlled by a Land Trust, Partnership, Corporation or LLC. List name and interest of all Land Trust Beneficiaries or Partners and attach evidence that the person submitting the application on behalf of the Land Trust or Partnership is authorized to do so.

NAME/ADDRESS	PHONE	INTEREST
Trustee/Partner: _____		
Beneficiary/Partner: _____		
Beneficiary/Partner: _____		
Beneficiary/Partner: _____		

5) Does the applicant have a proprietary interest in the land or land improvements? *YES *NO

If YES, state interest and attach documentation:

If NO, state what interest otherwise qualifies the applicant to apply:

6) Names of the owners of the improvement(s) on the property in this applicant if different from above:

NAME	Address
_____	_____
_____	_____

7) If the applicant is a corporation or LLC etc..., attach evidence that the person submitting the application on behalf of the corporation is authorized to do so.

Part 2 - Request Type

2-A REZONING – (AMENDMENT TO THE ZONING MAP) – Application for amendments to the Zoning District Map are heard by the Planning Board which makes a recommendation to the County Commissioners. Only the County Commissioners has authority or grant or deny amendments to the Zoning District Map.

- 1) (a) Existing Zoning: _____
- (b) Proposed Zoning: _____
- (c) Existing Use: _____
- (d) Proposed Use: _____

Zoning Designations:

AO	Agriculture Open-Space District	RA	Residential Agriculture
R-1	Residential District	R-2	Residential-Resort District
I-D	Industrial District	C	Commercial
N-C	Neighborhood Commercial	CMU	Commercial Mixed Use

- 2) The following must be submitted with this application:
 - *Preliminary Site Plan - prepared by a register design professional
 - *Rendering or Perspective – depicting possible uses
 - *Other – please describe
- 3) Please list names, addresses, and phone numbers of the adjoining property owners.

2-B SPECIAL USE REQUEST or CONDITIONAL USE– Conditional Use requests are heard by the Board of Adjustment which will make a decision. Special Use requests are heard by the Planning Board.

- 1) Are development plans submitted with this application? *YES *NO
 - 2) Parking requirements:
 - a) Proposed number of parking spaces to be provided:
 - b) Number of parking spaces required of Zoning Ordinance:
- Other
- a) Attach tabulation of total land area and percentage thereof designated for various uses
 - b) Are there any land use intensity requirements? *YES *NO If yes, attach data.

2-C VARIANCE

To the Madison County Board of Adjustment:

I, hereby petition the Board of Adjustment for a Variance from the provisions of the Madison County Ordinance because, under the interpretation given to me by the Zoning Administrator, I am Prohibited from using the parcel of land described in the application in a manner shown by the plot plan attached. I request a variance from the following provision(s) of the ordinance:

FACTORS RELEVANT TO THE ISSUANCE OF A VARIANCE

The board must find there are practical difficulties or unnecessary hardships in the way of carrying out the strict letter if the ordinance, that the variance is in harmony with the general purposes and intent of the ordinance and preserves its spirit, and that in granting of the variance the public safety and welfare have been assured and substantial justice has been done. Please attach any proof, evidence or other documentation to show why this variance is being applied for.

2-D Appeal of an Administrators Decision

An appeal must be taken within 30 days after the date of the decision or order appealed from.

I, the undersigned, do hereby respectfully make application and petition the Board of Adjustment of Madison County as hereinafter requested, and in support of this application, the following facts are shown:

- 1. Reasons for appeal.
- 2. Decision rendered by Zoning Office

PART 3 – TO BE COMPLETED BY ALL APPLICANTS

To the best of my knowledge, I hereby affirm that all information in this application and any attached material and documents are true and accurate:

- a) Signature of Applicant: _____
- b) Signature of Agent (if any): _____
- c) Date _____