

REZ- 2016-06



Aug 8th Set Public Hear
Aug 22nd Public Hearing
Sept. 7th Planning
Sept. 12th Action

**APPLICATION FOR
ZONING DISTRICT CHANGE**

(1) Applicant Information:

Name: Pat Cochran
Address: 67 Foxglove
Pittsboro NC 27312
Phone No: (h) 919 533-3018
(w) 919 444-2499
(m) _____
Email: Pat@APCINS.Com

(2) Landowner Information (as shown on deed)

Name: Pat Cochran
Address: 67 Foxglove
Pittsboro, NC 27312
Phone No: (h) 919 533-3018
(w) 919 444-2499
(m) _____
Email: Pat@APCINS.Com

(3) Property Identification:

911 Address: 1345 Thompson St
Pittsboro, NC 27312
S.R. Name: _____
S.R. Number: _____
Township: _____
Acreage: .8
Flood map #: 3710975100J
(2-07-2007)
Flood Zone: No (X)

Tax Map #: _____
Parcel#: 7340
Deed Book: 794 Page: 0081 Yr: _____
Plat Book: 86 Page: 60
Current Zoning District: RA
Watershed District: _____

(4) Requested Zoning District

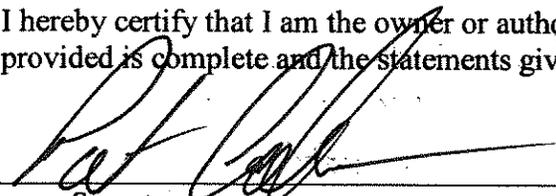
C-2

(5) Attach the following, if requesting a zoning map amendment:

- List of names and addresses or current adjoining property owners (see Adjacent Landowners form)
- Written legal description, County Tax Map, or Map of the property at a scale of not less than 1 inch equals 200 feet
- Explanation of request addressing applicable portions of Zoning Ordinance. (Use a separate sheet of paper if necessary.)

ALLOW USE OF HOUSE ON PROPERTY AS AN INSURANCE
OFFICE.

I hereby certify that I am the owner or authorized agent of said property and that the information provided is complete and the statements given are true to the best of my knowledge.


Signature

6-16-16
Date

The owner must sign the following if someone other than the owner is making the application.

I hereby certify that _____ is an authorized agent for said property and is permitted by me to file this application.

Signature Date

Fee \$360.00

Paid _____
Date

Town of Pittsboro
Planning Department
P.O. Box 759
Pittsboro, NC 27312
Tel: 919/542-4621
Fax: 919/542-7109