

REZ- 2016-03



APPLICATION FOR
ZONING DISTRICT CHANGE

(1) Applicant Information:

Name: TOM & SOHN KROMBACH

Address: PO Box 252

PITTSBORO

Phone No: (h) _____

(w) 919 542-2334

(m) _____

Email: PBSINC@CONNECTICUT.NET

(2) Landowner Information (as shown on deed)

Name: THOMAS & SOHN KROMBACH

Address: PO Box 252

PITTSBORO

Phone No: (h) _____

(w) 919 542 2334

(m) _____

Email: THOMAS KROMBACH@YAHOO.COM

(3) Property Identification:

911 Address: US 15-501 N

Tax Map #: _____

S.R. Name: 15-501 N

Parcel#: 6713

S.R. Number: _____

Deed Book: 456 Page: 0581 Yr: _____

Township: _____

Plat Book: ~~33~~ Page: 0029

Acreage: _____

Current Zoning District: R-12

Flood map #: _____

Watershed District: _____

(2-07-2007)

Flood Zone: _____

(4) Requested Zoning District

C-1

(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.)

REZONE FROM R12 TO COMMERCIAL, PROPERTIES TO
THE NORTH ARE ALREADY ZONED COMMERCIAL, POSSIBLE
USE PARCEL AS MIXED USE

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.

Thomas Krowluch
John Krowluch

4/18/16

4/18/16

Signature

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 \$350.00

Paid

4/18/16
Date

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

Form revised 04/05/11