



APPLICATION FOR ZONING DISTRICT CHANGE

(1) Applicant Information:

Name: Patricia MARLOW
Name: Kidada Mahadeo
Address: Royal Oak Lane
Gaver, NC
Phone No: (h) 845-216-9667
(w) 919-522-3535
(m) _____
Email: Kidada_3@Gmail.com

(2) Landowner Information (as shown on deed)

Name: Patricia MARLOW
Address: Royal Oak Lane
Gaver NC
Phone No: (h) 845-216-9667
(w) 919 522-3535
(m) _____
Email: _____

(3) Property Identification:

911 Address: 2214 NC HWY 902
Pittsboro, NC 27312
S.R. Name: _____
S.R. Number: _____
Township: Pittsboro ETJ
Acreage: 5
Flood map #: 3710973100J
3710973100J
(2-07-2007)
Flood Zone: X

9730-79-5954
9731-70-4386
Tax Map #: ~~6298 Part of 6304~~
Parcel#: 6298, Part of 6304
483 0576 1985
Deed Book: 455 Page: 0731 Yr: 1982
Plat Book: 32 Page: 0100
Current Zoning District: RA-2
Watershed District: _____

(4) Requested Zoning District

RA

(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.)

We would like for all the siblings to have what parents
have given to them. They want to come back home in this
county to live.

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.

Patricia A. Madew
Signature

9/29/16
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

Form revised 04/05/11