



APPLICATION FOR  
ZONING DISTRICT CHANGE

(1) Applicant Information:

Name: Graham Scott + Mary Lewis Oldham  
Address: 145 Oldham Pl  
Pittsboro NC 27312  
Phone No: (h) 919 542-4292  
(w) 919 422-9631  
(m) 919 422-9626  
Email: 87uncgrad@earthlink.net

(2) Landowner Information (as shown on deed)

Name: Graham Scott + Mary Lewis Oldham  
Address: 145 Oldham Pl  
Pittsboro NC 27312  
Phone No: (h) 919 542-4292  
(w) 919 422-9626  
(m) 919 422-9631  
Email: 87uncgrad@earthlink.net

(3) Property Identification:

911 Address: (see attached)  
2985 US 15 501 N  
S.R. Name: \_\_\_\_\_  
S.R. Number: \_\_\_\_\_  
Township: \_\_\_\_\_  
Acreage: 0.62  
Flood map #: 3710975300J  
(2-07-2007)  
Flood Zone: X

Tax Map #: 9753-01-8650  
Parcel#: 7107  
Deed Book: 0958 Page: 0891 Yr: 2002  
Plat Book: 0092 Page: 0289  
Current Zoning District: R-A2  
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.)

*To make all parcels compliant with current 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.

*Debra Scott* *Mary Lewis Oldham* *12-12-16*  
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 \$360.00

Paid *12/12/16*  
Date

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