

City of Kinston

Planning Department
P.O. Box 339 ****207 E. King Street
Kinston, North Carolina 28501
Office 252-939-3271****Fax 252-939-3127

Re-Zoning Application

Applicant

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Property Owner(s)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Requirements: A written legal description of the property giving the full metes and bounds description in addition to a plat reference is required with this petition. A plat showing property lines with lengths & bearings, adjoining street, location of existing buildings, north arrow and scale is also required.

<u>Fees:</u>	<u>Re-zoning to:</u>	RA-7, RA-8, RA-12	= \$200
		RA-5, RA-6, RA-20, RM-5 R0	= \$300
		O&I, B-1, B-2, B-3	= \$300 plus \$10 per acre
		I-1, I-2, I-B, SC	= \$350 plus \$10 per acre

*The Re-Zoning Application fees along with all other required information must be submitted one month prior to the public hearing in order to get on that agenda. Public Hearings are held on the third Tuesday of the month at 7:00 p.m. Also, a Re-Zoning for a proposed special land use requires a Special Use Application.

I hereby petition the Kinston City Council and the Planning Board to re-zone the following referenced tract of land from _____ to _____. The property is located at _____ and is known in the Lenoir County Register of Deeds office as Map Number: _____.

Applicant
Signature: _____

I hereby authorize the staff of the Kinston Planning Department to inspect the premises of the above referenced property and to place a public notice sign on the premises as required by law. I hereby dispose and say that all statements submitted are true and correct to the best of my knowledge and belief.

Property Owner
Signature: _____

Sworn and subscribed before me this _____ day of _____, _____.

SEAL

Notary Signature: _____ My Commission expires _____