



City of Reidsville, North Carolina

Department of Community Development

230 West Morehead Street

Reidsville, NC 27320

336-349-1065

Application for Rezoning

Date Submitted: _____ Application No.: _____

APPLICANT INFORMATION:

Name: _____

Address: _____ City/State/ZIP _____

Daytime Telephone No. : _____

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____ City/State/ZIP _____

Daytime Telephone No. : _____

PROPERTY INFORMATION:

County Property Identification Number (PIN): _____

Property size in acres (sq. ft. if less than one (1) acre): _____

Property street location: _____

Current use of property: _____

Existing Zoning District: _____

Requested Zoning District: _____

CERTIFICATION

I hereby request the Planning Board to consider this rezoning application and to make recommendations to the City Council to amend the Zoning Map. I certify that all information provided by me is accurate to the best of my knowledge.

Signature of Applicant

I hereby certify that I am the rightful and true owner(s) of the property(s) indicated on this application for zoning change.

Signature of Owner(s)