

**HALIFAX COUNTY
REZONING APPLICATION**

\$175.00

Application No.: _____ Date: _____

Applicant: _____ Tele. No.: _____

Address: _____

Owner: _____

Address: _____

Location of
Property: _____

Current Zoning District: _____ Requested Zoning: _____

Township: _____

Acreage of Area Proposed for Rezoning: _____

Please provide the PIN (Parcel ID Number) for each parcel wholly or partially included in the proposed change, a map of the property (either tax or surveyed map) and a description of the boundaries (deed). _____

Are you the sole property owner of the property requested for zoning classification change? _____

If not, are you the owner of one or more of the parcels requested for rezoning? _____

Notice of Hearing: All property owners within 300 feet of the perimeter of the property must be notified by first class mail. Please provide a list of all such property owners as listed in the Halifax County Tax Department with current mailing addresses, township, map number and parcel number.

I, _____ , hereby petition the Halifax County Board of Commissioners for a Zoning Classification change of the above listed parcels as classified in the Halifax County Zoning Ordinance. I understand that if greater than 25% of the proposed parcels' property owners object to the request the petition will not be forwarded to the County Commissioners. Property owners will have the opportunity to comment on the request by mail and/or at the Public Meeting held by the Planning Board at least 10 days prior to the County Commissioners meeting.

Applicant's Signature

Date