Application Date: _____ Application #: _____

Craven County

Planning and Inspections
2828 Neuse Blvd.
New Bern, NC 28562
Planning- (252) 636-6618 Fax (252) 636-5190
Permitting/Inspections- (252) 636-4987
Fax (252) 636-4984

Office Use Only
Number of Adjoining Parcels:_____
Postage Due: $_____ Paid? Yes___ No___
$150.00 Fee Paid? Yes____ No____

REZONING/ZONING MAP AMENDMENT/TEXT AMENDMENT

Submit with General Information Sheet

Applicant/Property Information

Applicant Name:_____

Property Address:_____

Parcel ID Number:_____-_____-_____ Property size:_____ Acres

Current Land Use:_____

Proposed Land Use:_____

List Names/Addresses of all Properties within 200' of property (attach separate sheet if necessary):

1._____

2._____

3._____

4. _____

5. _____

Rezoning Request/Map Amendment

Existing Zone:_____ Proposed Zone:_____

Purpose of Rezoning:_____

_____

Text Amendment (Add another sheet if necessary to complete this section)

Section of Ordinance to be amended:_____ Page(s):_____

Existing text:_____

_____

_____

_____

_____

_____

_____

_____

_____

Proposed text:_____

_____

_____

_____

_____

_____

_____

_____

_____

This application must be filed with the Craven County Zoning Administrator, and a copy must be submitted to the Airport Manager for review. No petition for rezoning/map amendment/text amendment shall be acted on by the Planning Board until a **written recommendation** has been received from the Airport Manager. The Zoning Administrator shall schedule this matter for the next Planning Board meeting if received at least 15 days prior to the meeting date. If received less than 15 days prior, the item may be placed on the agenda for the next months meeting. In preparation for the Board of County Commissioners hearing, the Zoning Administrator shall mail notices to property owners within 200' of the affected property and publish a notice of public hearing in the newspaper for two consecutive weeks (the first no less than ten days prior to the hearing). I understand that the administrative and postage fees associated with this request are nonrefundable, and in paying such fees, I am not assured approval.

Applicant Signature _____ **Date** _____

OFFICE USE ONLY

Board of Adjustment Hearing Date:_____
Board of Adjustment Decision : APPROVED_____ **DENIED**_____
Dates of publication for public hearing:_____, _____

Conditions/Comments_____

_____

Zoning Adm. Signature _____ **Date**_____