



Town of Forest City
Building & Zoning Department
 PO Box 728
 128 North Powell Street
 Forest City, NC 28043
 Phone (828) 248-5201, Fax (828) 245-6143

Rezoning Request & Amendment to Zoning Map

Name of Applicant(s): _____ Address: _____ Phone No: _____

 (attach separate sheet if necessary)

Name of Property Owners(s): _____ Address: _____ Phone No: _____

 (Attach separate sheet if necessary)

Property Identification Number(s): _____
 (Attach separate list if necessary)
 Tax Map _____ Block _____ Lot _____

Present zoning classification: _____

Requested zoning classification: _____

Number of parcels: _____ Approximate size of area: _____

Physical location of area: _____

Are public utilities available? _____

Reason for map amendment: _____
 (Attach sheet if necessary)

The above information is true and accurate to the best of my knowledge.

Signature of Applicant(s): _____

 (Attach separate sheet if necessary)

Owners Signature: _____

Staff to complete the following section:

Rezoning less than 3 acres \$250.00 3acres or more \$500.00

Date submitted: _____ Date Paid: _____

Board of Planning & Adjustment Meeting Date: _____

Public Hearing Meeting Date: (if necessary): _____