



# TOWN OF PRINCEVILLE

201 S. Main St.  
Tarboro, NC 27886  
Phone: (252) 823-1057  
Fax: (252) 824-0430

For office use only:

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

## Rezoning Application

**FEE: \$200.00**

### APPLICANT INFORMATION:

Applicant: \_\_\_\_\_ Applicant's Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Location/Address: \_\_\_\_\_

**Attach Legal Description (Metes and Bounds) of the area requested**

### Property Owner Information (If Different from Applicant)

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

### Zoning Request

A. Existing Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

B. Existing land use on property: \_\_\_\_\_

C. New land use request on property: \_\_\_\_\_

D. Demonstrate that the proposed rezoning is consistent with the Town's Land Use

Plan. More specifically:

1. How does the potential use in the new district classification relate to the existing character of the area?

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**2. In what ways is the property proposed for rezoning suited for the potential uses of the new district?**

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**3. How will the proposed rezoning affect the value of nearby building(s)?**

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**ACCEPTANCE OF THIS APPLICATION DOES NOT IMPLY APPROVAL OF THIS REQUEST. I CERTIFY THAT ALL STATEMENTS FURNISHED WITHIN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Date**