

TOWN OF ST. PAULS, NC **RE-ZONING** APPLICATION

Property Owner Information

Owner's Name _____

Owner's Address _____

Owner's Phone Number _____

Property to be Re-Zoned Information

Address _____

Tax Map# _____ PIN _____

Current Zoning _____ Requested Zoning _____

Applicant Information (if different from property owner)

Name _____

Address _____

Phone _____

Contractor Information

Name _____ Phone _____

Address _____

Contact Person _____ Phone _____

Description and Purpose of Request

- **Include** a site plan/map and any planned improvements with dimensions (example: drawing of land with dimensions) with **structure/building and any accessory buildings** placed on the land with building dimensions meeting all zoning required setbacks). Town Zoning Ordinance can be found on the Website: www.stpaulsnc.gov

Printed Name of Applicant/Owner _____

Signature _____

Date _____