

# TOWN OF BUTNER

415 Central Ave • Suite A • PO Box 270 • Butner, NC 27509 • 919-575-3032 • Fax 919-575-3034

## Map & Text Amendment Application

Case #: \_\_\_\_\_

### 1. Application Type

**Rezoning (Map Amendment):**

Standard Rezoning

Conditional Use District Rezoning

Text Amendment

Date of Application \_\_\_\_\_

### 2. Amendment Information

For All Rezonings

Name of Rezoning \_\_\_\_\_

Location \_\_\_\_\_ Property Size (acres) \_\_\_\_\_

Tax Parcel Number(s) \_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_ Current Land Use \_\_\_\_\_

For Text Amendments Affected Section(s) of the LDO \_\_\_\_\_

### 3. Contact Information

Applicant \_\_\_\_\_

Applicant Address City, State Zip

Telephone Fax

Signature Print Name Date

Agent (Engineer, Surveyor, etc. if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Telephone Fax

Signature Print Name Date

Property Owner (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Telephone Fax

Email \_\_\_\_\_

Signature Print Name Date

**4. Description of Request**

a. Briefly explain the nature of this request.

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b. For All Rezoning & Text Amendments: Provide a statement regarding the consistency of this request with Town Plans and the surrounding land uses.

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c. For Conditional Use District Rezoning: Provide a statement regarding the reasonableness of the rezoning request and any proposed conditions of approval.

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**Staff Use Only:**

Date Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Case #: \_\_\_\_\_

Date Planning Board Meeting Held (for rezonings): \_\_\_\_\_

Notes: \_\_\_\_\_

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