



Zoning Map Amendment Application

OFFICIAL USE ONLY:

Case Number: _____
Date Filed: _____
Gate Keeper: _____
Amount Paid: _____

Contact Information

APPLICANT:	PROPERTY OWNER:
Name: <u>Nigel & Sarah Culpepper</u>	Name: <u>Nigel & Sarah Cupepper</u>
Address: <u>101 Kyle Ct.</u>	Address: <u>101 Kyle Ct.</u>
<u>Kill Devil Hills, NC</u>	<u>Kill Devil Hills, NC 27948</u>
Telephone: <u>252-421-0045</u>	Telephone: _____
E-Mail Address: _____	E-Mail Address: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

Property Information

Physical Street Address: 6804 Caratoke Hwy.
Location: Grandy, NC
Parcel Identification Number(s): 0108000052D0000
Total Parcel(s) Acreage: 7.50
Existing Land Use of Property: Shed

Request

Current Zoning of Property: LI Proposed Zoning District: General Business
Total Acreage for Rezoning: 7.5 Are you rezoning the entire parcel(s): Yes/No
Metes and Bounds Description Provided: Yes/No

Community Meeting, if Applicable

Date Meeting Held: Oct. 20, 2020 Meeting Location: 6804 Caratoke Hwy., Gr

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

Nigel & Sarah Culpepper
Property Owner(s)/Applicant*

Oct. 20, 2020
Date

***NOTE: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants a signature is required for each.**

Zoning Map Amendment Design Standards and Submittal Checklist

The table below depicts the design standards of the site plan or map for a zoning map amendment application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

**Zoning Map Amendment
Site Plan Design Standards and Submittal Checklist**

Date Received: _____

→ Project Name: _____

Applicant/Property Owner: _____

Site Plan or Map Design Standards Checklist		
1	Lot/parcel dimensions.	326,700
2	Zoning designation.	Business General
3	All existing physical features (structures, buildings, streets, roads, etc.).	shed
4	Location and dimensions of any proposed construction.	

Zoning Map Amendment Submittal Checklist

Staff will use the following checklist to determine the completeness of your application within ten business days of submittal. Please make sure all of the listed items are included. Staff shall not process an application for further review until it is determined to be complete.



Zoning Map Amendment Submittal Checklist		
1	Complete zoning map amendment application	✓
2	Application fee (\$200 plus \$5 for each acre or part thereof)	240.-
3	Community meeting written summary, if applicable	✓
4	Site plan or map	✓
5	Metes and bounds survey, if applicable	-
6	2 copies of plans or maps	X
7	2 hard copies of ALL documents	X
8	1 PDF digital copy of all plans AND documents (ex. Compact Disk – e-mail not acceptable)	X

For Staff Only

Pre-application Conference

Pre-application Conference was held on _____ and the following people were present:

Comments

