

**APPLICATION FOR REZONING**  
**Village of Whispering Pines**

DATE: \_\_\_\_\_

I, the undersigned, do hereby make application to change the Zoning Map of the Village of Whispering Pines as herein requested.

1. The property is located on the \_\_\_\_\_ side of \_\_\_\_\_ (Street) between \_\_\_\_\_ (Street) and \_\_\_\_\_ (Street). The address \_\_\_\_\_ and is known as Lot Number(s) \_\_\_\_\_ Block # (s) \_\_\_\_\_ of the Moore County Tax Map # \_\_\_\_\_ - \_\_\_\_\_ Township. The property has a frontage of \_\_\_\_\_ feet and an average depth of \_\_\_\_\_ feet, containing \_\_\_\_\_ acres.
  
2. It is desired and requested that the foregoing property be rezoned from \_\_\_\_\_ District to \_\_\_\_\_ District for the following reason or purpose:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. A Metes and Bounds description and site plan of the subject property must be attached to this application. The site plan must also show adjacent properties with identifying tax/lot numbers.
  
4. The attached list shows all individuals, firms, or corporations owning property adjacent to both sides and rear, and all property across the street from the property which is sought to be rezoned. List must reflect full names, complete mailing address and tax map #, Block #, and lot # owned.

**I CERTIFY THAT ALL THE INFORMATION REQUESTED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

PETITIONER'S NAME: \_\_\_\_\_

PETITIONER'S SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

\* PROPERTY OWNER: \_\_\_\_\_

\* SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

*\*PROPERTY OWNER'S SIGNATURE IS REQUIRED BEFORE APPLICATION IS ACCEPTED*

The applicant or his/her representative is expected to attend all meetings to answer questions concerning this request. The absence of the applicant is sufficient grounds to defer action by the Planning Board or Council.