

Date:\_\_

Community Development Department Telephone (336) 992-0605 Fax (336) 996-2046

Zoning Docket # \_\_\_\_\_

## **Conditional Use District Application**

(please check) Owner	r Agent for Owner Attorney
f Mailing Address	City State Zip Code
elephone: ( )	
o hereby petition to amend the Zo	
y reclassifying from Zoning Distri	ict to Zoning District
ocation of property:	
rontage(s) along bordering street	ts as follows:
ontaining acres. Pr	roperty Identification Number (PIN):
ntended use of the property	dditional information about the intended use or any special conditions to
etitioner wishes to be bound). owner(s) Signature(s): We acknow	wledge the provisions in the Zoning ordinances for General U oceed with a Special Use zoning petition.
etitioner wishes to be bound). owner(s) Signature(s): We acknow	
etitioner wishes to be bound).  Swner(s) Signature(s): We acknow pecial Use zoning and hereby pro  Signature/Date  petition is executed by property o	Signature/Date Signature/Date
etitioner wishes to be bound).  Owner(s) Signature(s): We acknow special Use zoning and hereby pro	

NOTE: A Sign Posting Notice will be issued by the Community Development Dept. when the rezoning application is filed. Rezoning signs are made and posted by Public Works staff. The required legal advertising is handled for you by the Community Development Dept.

## ADDITIONAL INFORMATION TO BE SUBMITTED WITH PETITION:

- \* **LEGAL DESCRIPTION** is required only if parcel is "part of" a tax lot. Copies of Deeds and Recorded Plats may be obtained from the Forsyth County Register of Deeds Office.
- \* SITE PLANS 28 copies meeting Form 1 requirements.
- \* CHECK made payable to the Town of Kernersville or CASH to cover the filing fee for rezoning. (Planning Staff will compute fees when application is submitted)
- \* An **electronic copy** of site plans, elevations, legal description, etc. in the form of a CD is required upon submittal.