



# TOWN of HOPE MILLS

County Planning Department

CASE NO.:	_____
ZONING BOARD MEETING DATE:	_____
DATE APPLICATION SUBMITTED:	_____
RECEIPT #:	_____
RECEIVED BY:	_____

## APPLICATION FOR REZONING HOPE MILLS ZONING ORDINANCE

The following items are to be submitted with this completed application:

1. A copy of the *recorded deed* and/or plat;
2. If portion(s) of an existing tract is/are being submitted for rezoning, an accurate written legal description of only the area to be considered for the rezoning; and
3. A check made payable to "Town of Hope Mills" in the amount of \$\_\_\_\_\_.  
(See attached Fee Schedule).

### Rezoning Procedure:

1. Complete application submitted by the applicant.
2. Notification to surrounding property owners.
3. Zoning Board hearing.
4. Re-notification of interested parties and adjacent property owners; public hearing advertisement in the newspaper.
5. Hope Mills Commissioners' public hearing (approximately two to four weeks after Zoning Board hearing).
6. If approved by the Hope Mills Commissioners, rezoning becomes effective immediately.

The County Planning Staff may advise on zoning options, inform applicants of development requirements and answer questions regarding the application and rezoning process. For questions, call (910) 678-7603 or (910) 678-7609. Hours of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday.

**NOTE: Any revisions, inaccuracies or errors to/on the application may cause the case to be delayed and re-scheduled for the next available Board meeting according to the Board's meeting schedule. Also, the application fee is nonrefundable once processing of the application has begun.**

TO THE ZONING BOARD AND THE TOWN OF HOPE MILLS BOARD OF COMMISSIONERS, HOPE MILLS, NORTH CAROLINA:

I (We), the undersigned, hereby submit this application, and petition the Hope Mills Board of Commissioners to amend and to change the zoning map of the Town of Hope Mills as provided for under the provisions of the Hope Mills Zoning Ordinance. In support of this petition, the following facts are submitted:

1. Request rezoning from \_\_\_\_\_ to \_\_\_\_\_

*If the area is a portion of an existing parcel, a written metes and bounds description of only that portion to be considered for rezoning, including the exact acreage, must accompany this application along with a copy of the recorded deed and/or plat. If more than one zoning classification is requested, a correct metes and bounds legal description, including acreage, for each bounded area must be submitted.*

2. Address/location of property to be rezoned: \_\_\_\_\_

3. Parcel Identification Number (PIN) of property: \_\_\_\_\_  
(also known as Tax ID Number or Property Tax ID)

4. Acreage: \_\_\_\_\_ Frontage (feet): \_\_\_\_\_ Depth (feet): \_\_\_\_\_

5. Water Provider: Well \_\_\_\_\_ PWC \_\_\_\_\_ Other (name) \_\_\_\_\_

6. Sewer Provider: Septic Tank \_\_\_\_\_ PWC \_\_\_\_\_ Other (name) \_\_\_\_\_

7. Deed Book \_\_\_\_\_, page \_\_\_\_\_, Cumberland County Register of Deeds. (Attach copy of deed of subject property as it appears in Registry).

8. Existing use(s) of property: \_\_\_\_\_

9. Proposed use(s) of the property: \_\_\_\_\_  
\_\_\_\_\_

10. Do you own any property adjacent to, including across the street from, the property being submitted for rezoning? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

11. Has a violation been issued on this property? Yes \_\_\_\_\_ No \_\_\_\_\_

*The County Planning Staff is available for advice on completing this application; however, they are not available for completion of the application.*

The undersigned understands that the official zoning map, as originally adopted and subsequently amended, is presumed to be appropriate to the property involved and that the burden of proof for a zoning amendment (rezoning) rests with the petitioner.

The undersigned hereby acknowledge that the County Planning Staff has conferred with the petitioner or assigns, and the application as submitted is accurate and correct.

\_\_\_\_\_  
Property owner(s)' name (print or type)

\_\_\_\_\_  
Complete mailing address of property owner(s)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Alternative telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
FAX number

\_\_\_\_\_  
Agent, attorney, or applicant (other than property owner) (print or type)

\_\_\_\_\_  
Complete mailing address of agent, attorney, or applicant

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Alternative telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
FAX number

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Agent, attorney, or applicant's signature  
(other than property owner)

\_\_\_\_\_  
Owner's signature

**Upon submission, the contents of this application becomes "public record" and is available for review and/or copies upon request.**

**HOPE MILLS ZONING ORDINANCE  
REZONING FEE SCHEDULE<sup>2</sup>**

REQUESTED ZONING DISTRICTS <sup>1</sup>	LESS THAN 5 ACRES	5 TO 50 ACRES	50 TO 100 ACRES	100+ ACRES
CD RR R20 R15 R7.5 R6 R6A R5A R5	\$300	\$400	\$500	\$600
O&I(P) C1(P) C2(P) C(P) M1(P) M(P)	\$400	\$500	\$600	\$800

<sup>1</sup> If more than one zoning district is requested in the same application, the highest fee for the district requested will apply.  
<sup>2</sup> If a general rezoning is requested and based on recommendations of the Zoning Board or Hope Mills Commissioners, a Conditional Use District and Permit application is to be filed, the original application fee will be credited toward the Conditional Use District and Permit application fee