



## Standard Rezoning Request and Conditional Zoning District Request Review Process

### Contact Information

Perquimans County Planning and Zoning Office Phone: 252.426.2027  
104 Dobbs St  
PO Box 45  
Hertford, NC 27944  
Website: <https://perquimanscountync.gov/departments/planning-and-zoning>

Submit  
Application

Determination of  
Completeness

Planning Board  
Review

Legislative Public  
Hearing/BCC  
Review

Rezoning

### Step 1: Application Submittal and Acceptance

A rezoning request application is required for the amendment of any part of the zoning map per Section 302 of the Zoning Ordinance. The applicant must submit a complete application packet consisting of the following:

- Completed Perquimans County Rezoning Request Application
- Any other documentation deemed necessary by Planning Staff
- Number of Copies Submitted:
  - 1 Copy of ALL documents and one electronic copy if available

On receiving the application, staff shall determine completeness. If the application is deemed incomplete, the applicant may correct deficiencies and resubmit the application for completeness determination. Applications not corrected within 45 calendar days shall be deemed withdrawn.

### Step 2: Staff Review and Action

Once an application is determined to be complete, it will be reviewed by Planning staff and the applicant will then appear before the Planning Board to present the rezoning request. The Planning Board, after hearing the proposal and any comments from Planning Department staff and the public, will issue an advisory decision to be considered by the Board of County Commissioners (BCC). The Planning staff and the applicant will then present the proposal to the BCC, who will, upon consideration of the Planning Board advisement, and any public comments, either approve or deny the proposal. If approved at a legislative public hearing, the appropriate amendments to the zoning map will be made.



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(Circle One)

OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date completed: \_\_\_\_\_ Confirmed by: \_\_\_\_\_

Subject Property Tax Map No(s): \_\_\_\_\_

\_\_\_\_\_

Current Zoning District(s): \_\_\_\_\_

Case No. REZ/CZD- \_\_\_\_\_ - \_\_\_\_\_

**Applicant's Information**

Property Owner(s)	Applicant (if different than owner)
Name(s): _____	Name: _____
_____	_____
Address: _____	Address: _____
Phone Number(s): _____	Phone number(s): _____
Email: _____	Email: _____
_____	_____

LEGAL RELATIONSHIP OF APPLICANT TO OWNER: \_\_\_\_\_

PERSON TO RECEIVE COMMENTS: \_\_\_\_\_

**Description of Property**

Address(es) of Subject Property: \_\_\_\_\_

Tax Parcel Map No(s): \_\_\_\_\_

Location: This property is located on the (circle one) N S E W side of \_\_\_\_\_ Road,  
approximately \_\_\_\_\_ feet (circle one) N S E W of \_\_\_\_\_ Road.

Size of Property: \_\_\_\_\_ acres. Lot width: \_\_\_\_\_ feet. Lot depth: \_\_\_\_\_ feet.

Current Zoning, including overlays: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

I/We, the undersigned, do hereby respectfully make application and request the Planning Board and Board of Commissioners to consider a proposed amendment to the Official Zoning Map to designate the property as \_\_\_\_\_ (Zoning District). The subject property is owned by \_\_\_\_\_ as evidenced by deed recorded in Real Estate Book \_\_\_\_\_, Page \_\_\_\_\_ **OR** Will File Number \_\_\_\_\_ in the Perquimans County registry.

Applicant Signature: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: APPLICATIONS **WILL NOT** BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER



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Case No. REZ/CZD- \_\_\_\_\_ - \_\_\_\_\_

1. The following are all of the individuals, firms, or corporations owning properties involved in the Rezoning Request as well as the owners of all properties, any portion of which is within one-hundred fifty (150) feet of the subject property. This includes any property owner who is adjacent to the subject property (to the side, rear or front) and across the street or railroad track.

Name	Address
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____
k. _____	_____
l. _____	_____
m. _____	_____
n. _____	_____
o. _____	_____
p. _____	_____
q. _____	_____

Use an additional sheet of paper if necessary.



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Case No. REZ/CZD-\_\_\_\_-\_\_\_\_

2. Statement of the nature of the proposed use: \_\_\_\_\_

Lined writing area for the statement of the nature of the proposed use.



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Case No. REZ/CZD- \_\_\_\_\_ - \_\_\_\_\_

Attach the following:

\_\_\_\_ Completed Application

\_\_\_\_ Letter addressed to the Perquimans County Board of Commissioners explaining your intentions in detail.

\_\_\_\_ Proof of Ownership

\_\_\_\_ Legal Description including site plan and/or existing survey

\_\_\_\_ Owner's Authorization for Agent

\_\_\_\_ Two sets of stamped addressed envelopes of all adjacent property owners to whom notice of public hearing must be sent. Said notices will be sent by the Planning and Zoning Office in the envelopes provided by the Applicant. Leave the upper left envelope corner blank. Planning Staff will place the Planning Office address return label there.

\_\_\_\_ Two self addressed stamped envelopes.

\_\_\_\_ Copy of Map with proposed revision.

\_\_\_\_ Filing Fee (See Current Planning/Zoning Fee Schedule, approved by County Commissioners)

\_\_\_\_ Appropriate certification from Albemarle Regional Health Services regarding individual on-site septic tank system(s), or letter from sewer utility confirming anticipated capacity will be accepted into sewer system.

\_\_\_\_ Any additional information needed by the Planner, Technical Review Committee, or other county officials (such as Traffic Impact Analysis or statement of Appraisal):

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**Applications will not be scheduled for public meeting until complete.**

\_\_\_\_\_  
Signature of Owner or Authorized Applicant

\_\_\_\_\_  
Date

**NOTE: This Application must be submitted to the Planning and Zoning Administrator and found to be complete no less than 25 days prior to the Planning Board's meeting, and, where deemed necessary, additional time may be required for review by Technical Review Committee member(s).**



Case No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Owner's Authorization for Agent**

NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING THE APPLICATION IS THE OWNER, PLEASE DISREGARD THIS FORM.

I am/We are the owner(s) of the property located at \_\_\_\_\_.

I/We HEREBY AUTHORIZE \_\_\_\_\_ TO ACT ON MY/OUR BEHALF to appear with my/our consent before the Perquimans County Board of Commissioners and Planning Board in order to request approval(s) for development and/or use of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, or other action pursuant to one or more of the following:

- Rezoning Request     Administrative Appeal
- Special Use Permit     Conditional Zoning District
- Non-Zoning Variance     Zoning Variance

I authorize you to advertise and present this matter in my/our name as the owner of the property. If there are any questions, you may contact me/us at address \_\_\_\_\_ or by telephone at \_\_\_\_\_.

BY:

Signature of Owner

\_\_\_\_\_

Print Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Signature of Owner

\_\_\_\_\_

Print Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_