



For Office Use Only	
Fee Paid \$	_____
Cash ___ Check #	_____
Application #	_____
Date Received	_____

CITY OF MARION
194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752

Planning & Development Department

ZONING DISTRICT MAP AMENDMENT APPLICATION

(PLEASE TYPE OR PRINT IN INK)

All applications must be deemed complete prior to the item being scheduled.

Property Owner's Name: _____ Phone Number: _____

Property Owner's Mailing Address: _____

Applicant's Name (if different from above): _____

Applicant's Mailing Address: _____ Phone Number: _____

Note: Applicant must submit a notarized letter authorizing them to act on the property owner's behalf and stating the Applicant's name, address and phone number.

Physical Address of Property: _____

Parcel ID Number (PIN) _____ Lot Size: _____

Existing Use: _____ Existing Zoning District: _____

Proposed Use: _____ Proposed Zoning District: _____

Description of property and surrounding uses: _____

This request is made for the following reasons: _____

I CERTIFY THAT ALL OF THE INFORMATION PRESENTED IN AND WITH THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE, IS TRUE, COMPLETE AND ACCURATE.

SIGNATURE OF APPLICANT DATE

STATE OF NORTH CAROLINA
COUNTY OF MCDOWELL

I, _____ a Notary Public, certify that _____ personally came before me this day and acknowledged the due execution of the foregoing instrument. IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal, this the _____ day of _____, 20_____.

SEAL:

Notary Public Signature

My Commission Expires _____