



Town of Aberdeen  
**Planning & Inspections Department**

Office: (910) 944-7024



**ZONING MAP AMENDMENT - APPLICATION**

**ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.**

**APPLICATION DATE :** \_\_\_/\_\_\_/\_\_\_ **LOCATION / ADDRESS :** \_\_\_\_\_

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

Phone Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

**APPLICANT :** \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

Status of Applicant :  Property Owner  Developer  Legal Representative  Other : \_\_\_\_\_

**PARCEL IDs** (*list all applicable*) : \_\_\_\_\_

**TOTAL NUMBER OF PARCELS :** \_\_\_\_\_ **REQUIRED SURVEY PROVIDED :**  Yes  No

**TOTAL ACREAGE :** \_\_\_\_\_ **EXISTING ZONING :** \_\_\_\_\_

**EXISTING OVERLAY ZONING DISTRICT :**  Local Historic District (LHO)  Watershed Overlay (WSO)

**PROPOSED ZONING** (*using Aberdeen UDO Chapter 3: Zoning Districts*) : \_\_\_\_\_

**PROPOSED CONDITIONAL ZONING :**  Yes  No **PROPOSED PLANNED DEVELOPMENT :**  Yes  No

**PROPOSED OVERLAY ZONING DISTRICT :**  Local Historic District (LHO)  Watershed Overlay (WSO)

**REASONING** (*List any proposed conditions*) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSOCIATED LAND USE PLAN AMENDMENT RECORD** (*ie CZ-20-01 or RZ-20-01*) : \_\_\_\_\_

**ACKNOWLEDGEMENT :** I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : \_\_\_\_\_ DATE : \_\_\_/\_\_\_/\_\_\_

APPLICANT SIGNATURE : \_\_\_\_\_

OWNER NAME : \_\_\_\_\_ DATE : \_\_\_/\_\_\_/\_\_\_

OWNER SIGNATURE : \_\_\_\_\_