



Town of Selma
 Planning & Economic Development
 114 N. Raiford St.
 Selma, NC 27576
 P: 919-965-9841
 F: 919-965-4637
 www.selma-nc.com

REZONING APPLICATION – GENERAL USE DISTRICT (Zoning Map Amendment)

Pursuant to Article XVII of the Selma Unified Development Code, a petition may be made to rezone a property located within the Town of Selma planning jurisdiction. Rezoning requests are legislative in nature and are decided by the Town Council. The Council shall not consider any representations made by the petitioner that, if the change is granted, the rezoned property will be used for only one of the possible range of uses permitted in the requested classification. Rather, the Council shall consider whether the entire range of permitted uses in the requested classification is more appropriate than the range of uses in the existing classification.

Prior to adopting or rejecting any zoning map or text amendment, the Council shall adopt a statement describing whether its action is consistent with any officially adopted comprehensive plan and any other officially adopted applicable plan and explaining why the Council considers the action taken to be reasonable and in the public interest.

Fee: < 3 acre: \$350.00
 3-6 acres: \$500.00
 >6 acres: \$1,000.00 + \$15.00 / acre over 6 acres

SITE INFORMATION

Write "N/A" if not applicable. If unsure of the correct information, site data (i.e. zoning districts and overlay districts) may be found on the Johnston County GIS website (<http://www.johnstonnc.com/gis2/>)

Property Address: _____

Johnston County Tag #(s): _____

Total Property Size (acres or square feet): _____

Existing Zoning District: _____ Proposed Zoning District: _____

City Limits Extraterritorial Jurisdiction

Provide a concise statement of the reasons why the petitioner believes the proposed map or text amendment would be in the public interest and how the request is consistent with the Future Land Use Plan. If the request is not consistent with the Future Land Use Plan, a statement explaining why the Plan should be amended. Use additional sheets if needed:

Completed by Staff:

Date Received: _____ Amount Paid: _____ Permit #: _____

APPLICANT INFORMATION

Owner's Consent Form is required if applicant is acting on behalf of the property owner.

Pursuant to Section 17-1703(J), when an application is filed to request a zoning map amendment and that application is not made by the Town or owner of the parcel of land to which the amendment would apply, the applicant shall certify to the staff that the owner of the parcel of land as shown on the Johnston County tax listing has received actual notice of the proposed amendment and a copy of the notice of public hearing. The Planning staff shall present the certification to the Town Council at the public hearing.

Applicant Name: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Property Owner (if different than applicant):

Name: _____

Mailing Address: _____

Phone Number: _____

REQUIRED INFORMATION

The following items must accompany a Rezoning application (if not applicable, check "n/a"). Incomplete applications will not be reviewed until all materials have been provided.

Item	Yes	N/A
1. Application Review Fee	<input type="checkbox"/>	
2. Completed and signed application	<input type="checkbox"/>	
3. Owner's Consent Form <i>Required if applicant is acting on behalf of the property owner.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Signed and Sealed Boundary Survey	<input type="checkbox"/>	<input type="checkbox"/>

The Planning Director/Administrator may allow less information or require more information to be submitted according to the needs of the particular case.

APPLICANT AFFIDAVIT

I, the undersigned, to hereby make application and petition to the Town Council of the Town of Selma to approve the subject Zoning Map Amendment. I further certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material, and all attachments become official records of the Town of Selma, and will not be returned.

Print Name

Signature of Applicant

Date

STAFF ANALYSIS (completed by staff)

Zoning District: _____ City Limits Extraterritorial Jurisdiction

Lot Size: _____

Associated Project Approval Project #(s): _____

Flood Zone: _____ FIRM Map: _____

Associated Special Flood Hazard Area Development Permit #: _____

Water Supply Watershed Protection District: Yes No Permit required? Y/N

Historic District: Yes No

Utility Services: City Water Well City Sewer Septic Tank Gas Electricity

Is Structure in the Right-of-Way of any of the following (check all that apply):

City Utilities Railroad NCDOT or City Road Proposed Thoroughfare None

	Required	Provided
Lot Area		
% of Impervious Surface		
Lot Width		
Setbacks		
Front		
Side		
Rear		
Max Building Height - Principal		
Max Building Height - Accessory		
Accessory Building Setbacks		

Comments:



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AGENT AUTHORIZATION / OWNER'S CONSENT FORM

Pursuant to Section 17-602 of the Town of Selma Unified Development Ordinance, written authorization is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. All fields must be completed.

AGENT/APPLICANT INFORMATION:

(Name)	(Address)
	(City, State, Zip)

I hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes *(list applicable requests)*:

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

(Name)	(Address)
(Owner's Signature)	(City, State, Zip)