GREENSBORO ZONING COMMISSION
APPLICATION FOR AN AMENDMENT TO THE OFFICIAL ZONING MAP
City of Greensboro Planning Department
300 W. Washington Street, 3rd Floor,
Greensboro, North Carolina 27401
(336) 373-2144

SECTION 1: GENERAL INFORMATION

VERY IMPORTANT: The Applicant must complete Page 1 and Page 2 (and page 3 if this request is for a conditional zoning district) of this application and submit all supporting information as required below. Receipt of this application by the Planning Department does not constitute a complete application until it is determined to be complete by the Planning Department.

All rezonings must be consistent with the Generalized Future Land Use Map (GFLUM) and/or associated ordinance requirements. Incomplete applications will not be processed and may result in a postponement of your request. The application cannot be accepted unless the Planning Department completes Section 5.

No rezoning application for the same rezoning classification involving the same property or any part thereof shall be filed until the expiration of twelve (12) months from the date of public hearing or final determination. A second rezoning request for all or part of the same property may be submitted for a different zoning classification, provided however that a maximum of two (2) applications may be filed within any twelve (12) month period. (See Section 30-4-5.9 of the Land Development Ordinance.)

****REQUIRED DOCUMENTATION (ADDITIONAL DOCUMENTS MAY BE REQUESTED)****
A **Legal Description** of the subject property (Metes and Bounds)
A **Boundary Survey or Map** of the subject property
An **Agent Authorization Form** (If the application is made by a person other than the Owner of the parcel of land to which the amendment would apply)
An **Applicant's Summary of Neighborhood Communication Form** (where applicable)

PLANNED UNIT DEVELOPMENT APPLICATION
No application for a Planned Unit Development request will be processed until a **Concept Plan** has been approved by the Technical Review Committee.

CONDITIONAL ZONING DISTRICT APPLICATION
If this application is for a Conditional Zoning District, the attached Conditional Zoning application (Section 6) must be completed and signed by the property owner(s).

TRANSPORTATION IMPACT STUDY (TIS)
Per section **30-4-5.4** of the Land Development Ordinance, a Transportation Impact Study (TIS) may be required by the City of Greensboro Department of Transportation (GDOT) for any development expected to generate 100 or more peak hour trips, and/or 1,000 or more daily trips. The TIS must be submitted to GDOT **twenty-one** days prior to the filing of a rezoning application. Applicants are encouraged to contact GDOT at 336-373-2810 prior to filing a rezoning application.

APPLICANT'S SUMMARY OF NEIGHBORHOOD COMMUNICATION /PUBLIC NOTIFICATION
Per section 30-4-1.2 of the Land Development Ordinance, all applicants are required to complete and return the attached **Neighborhood Communication Summary** form for all conditional zoning map amendments, unless there are no residential uses within 600 feet of the property under consideration. The City will notify every property owner within a 600-foot radius of this request.

This application hereby authorizes City Staff to enter upon the property at any reasonable time for the purpose of a site visit in connection with the review of this application.

PUBLIC HEARING
All application deadline dates will be strictly enforced. A Public Hearing schedule is attached.

The Applicant or an authorized representative must be present at the Zoning Commission public hearing.

APPEALS
Appeals of the decision of the Zoning Commission may be made to the City Council within ten (10) calendar days from the date of that Zoning Commission decision. Appeals must be filed with the Planning Department or the City Clerk in writing.

SECTION 2: FEES

- Less than one acre…… $ 915.00
- One acre to 4.99 acres…… $ 1500.00
- Five or more acres……..... $1600.00

SECTION 3: APPLICANT CERTIFICATION

I, (Print name)_____, have read Sections 1 and 2 above and understand the City of Greensboro's submission requirements for this application. I also certify that I have consulted with GDOT regarding a **Traffic Impact Study** (TIS) determination.

Applicant's Signature _____ Date: _____

GREENSBORO ZONING COMMISSION
APPLICATION FOR AN AMENDMENT TO THE OFFICIAL ZONING MAP

SECTION 4: To be completed by Applicant (please print unless otherwise stated)

Applicant's Name:_____ Date:_____

Location of Property: _____ Project Name (if applicable):_____

_____ Property Owner's Name(s) and Address(es)_____

Contact Phone Number: (_____)_____ _____

Fax Number: (_____)_____ _____
(Zip)

Applicant E-mail: _____ Applicant's Signature: _____

Parcel Identification Number (PIN): _____

Request is hereby made for a change in Zoning Classification from _____ **to** _____

Existing Use of Property: _____ Property Size (Acres):_____

Reason for request and proposed use of property:

_____

_____

SECTION 5: (Section to be completed by the Planning Department)

G.F.L.U.M. Designation:
_____

*Check A or B

A. _____ The proposed request **is** consistent with the G.F.L.U.M. designation

B. _____ The proposed request **is inconsistent** with the G.F.L.U.M designation. The Planning Department has advised the applicant that the request is inconsistent with the G.F.L.U.M.

Date: _____ Received By:_____

Case #: Z - __ __ - __ __ - ___ ___ ___

GREENSBORO ZONING COMMISSION
APPLICATION FOR A CONDITIONAL ZONING DISTRICT

DATE SUBMITTED: _____

SECTION 6

***VERY IMPORTANT:**

- **DO NOT COMPLETE THIS SECTION IF YOU ARE NOT FILING FOR A CONDITIONAL ZONING DISTRICT.**
- **THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER(S).**

REQUIRED DOCUMENTATION (ADDITIONAL DOCUMENTS MAY BE REQUESTED)

- A legal, metes and bounds description of the subject property
- A boundary survey or map of the subject property

The property is owned by _____

Parcel Identification Number (PIN)_____

The property is located at _____
(address and/or general description)

To Chairman, Greensboro Zoning Commission:

The undersigned respectfully requests that the Greensboro Zoning Commission, pursuant to Article 4 of the Land Development Ordinance, recommend that a Conditional Zoning District be approved for the following use(s) subject to the following condition(s):

Condition(s):

An application has been duly filed requesting that the property involved with this application be rezoned from

----------**to**----------

It is understood and acknowledged that if the property is rezoned as requested, the property involved in this request will be perpetually bound to the use(s) authorized and subject to such conditions as imposed, unless subsequently changed or amended as provided for in Chapter 30 of the City Code. It is further understood and acknowledged that final plans for any development to be made pursuant to any such Conditional Zoning District so authorized shall be submitted to the Technical Review Committee for review in the same manner as other development plans now required to be approved by the Technical Review Committee.

_____
Signature of Property Owner(s)

_____

_____
Address(es)

_____
Email

_____
Telephone Number(s)

Applicant has read and understands the instructions on application. Any false information or misrepresentation made on this application may be grounds for revocation of any approval granted by the Zoning Commission or the City Council.

Applicant's Summary of Neighborhood Communications

1. Purpose. The purpose of the neighborhood meeting summary requirement is to educate the applicant about issues or concerns from surrounding neighborhoods and property owners that would be impacted by the proposed development. The process is intended to raise awareness of the proposed development, identify issues regarding perceived impacts, and work to resolve the issues in an inclusive manner.

2. Applicability and Exemptions. This neighborhood summary process is **required** for all applicants filing a conditional rezoning request that are within 600 feet of **residential uses**. If there are no residential uses within 600 feet of the subject property, the applicant is exempt from this requirement.

3. The Neighborhood Summary Report. The applicant must submit the summary report to the Planning Director (or his/her designee) at least 2 working days prior to the day of the public hearing. The report must describe:

- How the neighborhood was notified about the proposal, how the information regarding the proposal was shared, and who was involved in the discussions;
- Any concerns that were raised during the process; and
- Any development impacts that would result as a result of the concerns raised by the neighborhood at the meeting.

4. Summary Form. The attached form must be substantially completed in order to be accepted.

- This form will be distributed to the Zoning Commission at the meeting;
- Upon request, this form may be distributed to the general public one day prior to the public hearing.

5. Summary Presentation. The applicant, or his representative, must present the summary report at each public hearing on the request.

Applicant's Summary of Neighborhood Communications

For Planning staff: Zoning Case #:_____Date Submitted:_____

Time Submitted:_____ Received by:_____

1. How and when were the surrounding neighborhood and property owners notified, how was information shared, and who was directly involved in the communication process?

_____

_____

_____

_____

_____

2. Who was notified?

_____

_____

_____

3. What concerns were raised during these communications?

_____

_____

_____

_____

_____

4. What modifications to the conditions were made or considered in response to the concerns raised at the meeting?

_____

_____

_____

_____

****

The above information is deemed to be true to the best of my knowledge.

Signed:_____Date_____

PROPERTY OWNER AUTHORIZATION FORM

***I**, _____, as the Property Owner of the property described below, hereby give permission for (agent) _____ to act as my Agent/Representative for the purpose of requesting for an amendment to the zoning map for property located at_____, generally described as*

_____

I attest that I have actual knowledge of the zoning amendment request and that I have read the application including all attachments and/or exhibits thereto; that the information contained in the application including all attachments and/or exhibits thereto is true to the best of my knowledge and belief; that the agent I appoint herein is authorized to modify the zoning amendment request as necessary to obtain approval of the zoning amendment request; and that the acts of the agent appointed herein shall be binding upon me and my heirs, successors and assigns unless and until I revoke this authorization in writing and submit same to the Planning Director.

Legal Description or Parcel Identification Number:

_____

_____

_____

_____ _____

Signature of property owner **Date**

STATE OF_____

COUNTY OF_____

The foregoing instrument was acknowledged before me this_____ day of, _____20_____ by, _____

as an individual/officer, on behalf of himself/herself, a corporation/partnership.

He/she is personally known to me or has produced as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this day of _____, 20_____.

_____ My commission expires:_____

Notary Public

(Duplication of this form is allowed for amendments with multiple property owners)

Traffic Consultant Address and Phone Number List

Anderson & Associates 7015 Albert Pick Rd. Ste. A Greensboro, NC 27409	Warren Simmons simmons@andassoc.com	Phone: 336.931.0910 Fax: 800.453.7885
Greene Transportation Solutions, PC 14460 New Falls of Neuse Road Suite 149-175 Raleigh, NC 27614	Christa Greene christa@greenetransportation.com	Phone: 919-210-5116 Fax: 866-734-0802
HNTB 343 E. Six Forks Rd. Ste. 200 Raleigh, NC 27609	Chuck Johnson cjohnson@hntb.com	Phone: 919.546.8997 Fax: 919.546.9421
John Davenport Engineering INC 305 West Fourth St. Ste.2A Winston-Salem, NC 27101	John Davenport jdavenport@davenportworld.com	Phone: 336.744.1636 Fax: 336.458.9377
Kimley-Horn & Associates 2000 South Boulevard Dr. Ste. 440 Charlotte, NC 28203	Jonathan Guy jonathan.guy@kimley-horn.com	Phone: 704.333.5131 Fax: 704.333.0845
Kubilins Transportation Group 800 W. Hill St. Ste. 202 Charlotte, NC 28208	Margaret Kubilins mkubilins@kublins.com	Phone: 980.321.0202 Fax: 980.321.0108
Martin, Alexiou, Bryson PC 4000 West Chase Blvd. Ste. 530 Raleigh, NC 27607	Lyle Overcash lyleovercash@mabtrans.com	Phone: 919.829.0328 Fax: 919.829.0329
Ramey Kemp & Associates, Inc. 621 Jonestown Road, Suite 221 Winston Salem, NC 27103	Jay Clapp jclapp@rameykemp.com	Phone: 336.725.5470 Fax: 336.725.5442
RS&H 1520 South Boulevard Ste. 200 Charlotte, NC 28203	Chad Critcher Chad.critcher@rsandh.com	Phone: 704.752.0610 Fax: 704.541.3081
Stantec 801 Jones Franklin Rd. Ste. 300 Raleigh, NC 27606	Christa Greene christa.greene@stantec.com	Phone: 919.851.6866 Fax: 919.851.7024
Volkert 5540 Centerview Dr. Ste. 403 Raleigh, NC 27606	Terry Snow terry.snow@volkert.com	Phone: 919.854.0344 Fax: 919.854.0355
Parsons Brinckerhoff 121 West Trade Street Ste 1950 Charlotte, NC 28202	Jason Gorrie gorriejr@pbworld.com	Phone: 704.342.5401 Fax: 704.342.8472

WadeTrim
2851 Charlevoix Drive Ste 108
Grand Rapids, MI 49546

Aimee L. Giacherio
agiacherio@wadetrim.com

Phone: 616.956.3304
Fax: 616.956.3475

City of Greensboro
Comprehensive Plan Map Amendment Request Form
Generalized Future Land Use Map (GFLUM) and/or Growth Strategy Map

If responses exceed the space provided on this form, additional sheets may be attached.

Applicant Name:

Mailing Address:

,

Phone: Alternate Phone:

E-mail Address:

Physical Location of Property:

Parcel ID Number(s):

Requested change in Future Land Use classification, if applicable (Note – this is **not zoning**. If a change in Future Land Use classification is requested, refer to the Generalized Future Land Use Map or applicable small-area Future Land Use Map to determine the current classification of the property):

From: _____

To: _____

1. **Please BOTH describe the area (including street names and boundaries) AND attach a map depicting the area for which a map amendment is being requested.**

2. **Explain in detail why the requested map amendment is needed. Identify the intended use(s) that would not be compatible without the requested map amendment. If this map amendment accompanies a rezoning request, identify the existing and requested zoning districts.**

3. **Explain in detail why the City of Greensboro should approve the requested map amendment. Describe the circumstances that warrant the requested map amendment (including, but not limited to: the emergence of new information, unanticipated changes in development pattern, rezonings, transportation improvements, economic opportunities, socio-economic conditions/trends, or other factors affecting the subject site and/or its surroundings).**

This application must be filed with the Planning and Community Development Department, not later than 5:00 p.m. on the published deadline date.

It is understood by the undersigned that the *Connections 2025 Comprehensive Plan*, as originally adopted and as subsequently amended, is presumed to be appropriate and that the burden of proof of the need for an amendment rests with the applicant. THE APPLICANT IS ENCOURAGED TO DISCUSS THE PROPOSAL WITH AFFECTED PROPERTY OWNERS.

_____
Signature of Applicant

Received and found to be complete:

By: _____

Date: _____

Contact:
Jeff Sovich, AICP
Neighborhood Planning Coordinator
Planning and Community Development
City of Greensboro
PO Box 3136
Greensboro, NC 27402-3136
Phone: (336) 433-7264
Fax: (336) 412-6315
E-mail: jeffrey.sovich@greensboro-nc.gov