



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

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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.**

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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.

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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).

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

<p><b>Contact:</b> 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</p>
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