

CITY OF THOMASVILLE

Planning & Zoning Department

PO BOX 368 • THOMASVILLE, NC 27360 • (336) 475-4255

REZONING APPLICATION

File No. **Z-** _____ Date _____

Applicant _____ Phone _____

Applicant's Address _____

Property Owner _____ Phone _____

Property Owner's Address _____

Existing Zoning _____ Requested Zoning _____

Address or Location of Property to be Rezoned _____

Description of Property _____

Fee Received \$ _____ Map No **16-** _____

(PLEASE MAKE CHECK PAYABLE TO "CITY OF THOMASVILLE")

Applicant's Signature _____

Planning Board Hearing Date _____

Planning Board Action Approved Denied Vote of: _____

City Council Hearing Date _____

City Council Action Approved Denied Vote of: _____

Signed _____

Secretary to Planning Board