



City of Locust
Post Office Box 190
Locust, North Carolina 28097-0190
(704) 888-5260

Application for Conditional Zoning Change

Date: _____

Applicant Name: _____

Company Name (if applicable) _____

Address: _____

Phone Number: _____

Address of Property Change: _____

Present Zoning District: _____

Requested Zoning District: _____

Applicant Signature: _____

The following information is required with the application:

- (1) Map of the property to be rezoned, accurate description to show the following:
 - a. All property lines with dimensions, north arrow.
 - b. Names and addresses of adjoining landowners.
 - c. Location of all existing structures, use of all land.
 - d. Zoning classifications of all abutting zoning districts.
- (2) Comprehensive site plan.
- (3) Color renderings of the exterior.
- (4) Comprehensive landscape plan
- (5) All signage “ monument and building “
- (6) A fee of \$500 (non- refundable) must accompany this application.