

# APPLICATION TO REZONE PROPERTY WITHIN THE TOWN OF GRIFTON PLANNING JURISDICTION

Applicant's Name \_\_\_\_\_

Applicant's Current  
Address \_\_\_\_\_

Applicant's Telephone Number \_\_\_\_\_

**IF YOU ARE NOT THE OWNER OF THE PROPERTY PLEASE LIST THE  
OWNER INFORMATION BELOW**

Owner's Name \_\_\_\_\_

Owner's Current  
Address \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

Location of Property Requested for Rezoning  
\_\_\_\_\_

Pitt or Lenoir County Parcel Number \_\_\_\_\_

Present Zoning Classification of Property: (Circle Classification Below)

RA-20    RA-20MH    R-14    R-10    R-8    R-6    B-1    I    CBD

Requested Zoning Classification: (Circle Classification Below)

RA-20    RA-20MH    R-14    R-10    R-8    R-6    B-1    I    CBD

Are You Part of A Special Use District Classification:    NO    YES

Are You Requesting A Special Use District Classification:    NO    YES

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please attach the Names and Addresses of all Adjacent Property Owners