

COUNTY OF PASQUOTANK DEPARTMENT OF PLANNING AND INSPECTIONS PETITION FOR REZONING CLASSIFICATION

APPLICANT :		OWNER:	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
LEGAL RELATIONSHIP	OF APPLICANT TO THE	E PROPERTY OWNER:	
PROPERTY INFORMA	TION		
Location:			
Tax Map #		Total Acreage:	
REQUEST I hereby request the proper	rty identified above be recla	assified from to	<u>_</u> .
Applicant	Date	Applicant	Date
INFORMATION REQU	IRED:		
Copy of recorded plat or deed. Documentation from Environmental Health stating their position on wastewater.			
FOR OFFICIAL USE	:	RR#	
DATE RECEIVED:_	FEE_	RECIPIENT	