



For Office Use Only	
Fee Paid \$	_____
Cash	Check # _____
Application #	_____
Date Received	_____

CITY OF MARION
 194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752
Planning & Development Department

ZONING DISTRICT MAP AMENDMENT APPLICATION

APPLICATION FEE: \$300.00
 (PLEASE TYPE OR PRINT IN INK)

All applications must be deemed complete prior to the item being scheduled.

Property Owner's Name: _____ Phone Number: _____

Property Owner's Mailing Address: _____

Applicant's Name (if different from above): _____

Applicant's Mailing Address: _____ Phone Number: _____

Note: Applicant must submit a notarized letter authorizing them to act on the property owner's behalf and stating the Applicant's name, address and phone number.

Physical Address of Property: _____

Parcel ID Number (PIN) _____ Lot Size: _____

Existing Use: _____ Existing Zoning District: _____

Proposed Use: _____ Proposed Zoning District: _____

Description of property and surrounding uses: _____

This request is made for the following reasons: _____

I CERTIFY THAT ALL OF THE INFORMATION PRESENTED IN AND WITH THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE, IS TRUE, COMPLETE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

**STATE OF NORTH CAROLINA
 COUNTY OF MCDOWELL**

I, _____ a Notary Public, certify that _____ personally came before me this day and acknowledged the due execution of the foregoing instrument. IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal, this the _____ day of _____, 20____.

SEAL:

 Notary Public Signature

My Commission Expires _____