

**TOWN OF MADISON
120 N. Market Street
Madison, NC 27025**

APPLICATION FOR ZONING CHANGE

Applicant's Name _____ Telephone _____

Applicant's Mailing Address _____

Others Represented by Applicant _____

Location of property to be rezoned is situated between _____ and _____ on the _____ side of the street and known as Lot(s) No. _____, Block No. _____, of Tax Map No. _____. It has a frontage of _____ feet and a depth of _____ feet.

Area of subject property (square feet or acres) _____

Present Zoning Classification _____ Proposed Zoning Classification _____

The property for rezoning is owned by:

Proposed use, justification, and purpose for rezoning request _____

Attach a copy of deed to said property to this application

Signature of Applicant

APPLICATION FEE: \$250.00 (Payable when application is filed) **DATE** _____