



City of Southport

Date: \_\_\_\_\_  
Fee: \_\_\_\_\_

Application Number: \_\_\_\_\_

## Zoning Reclassification

1. Current Classification \_\_\_\_\_ Proposed Classification \_\_\_\_\_

2. Applicants Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Location of the property in question: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_

4. Attach:

- a. Description of the property to be included in the change, accurately identified on the County Tax Map.
- b. Diagram which shall comply with Art. IV, Sec. 4-1 of the zoning ordinance. Diagram should include metes and bounds description of property and show adjacent lots.

5. Names and addresses of all property owners included within the area requested for rezoning and all adjacent property owners:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6: Give evidence that (1) the proposed amendment is in the interest of the general public and not solely to the benefit of the applicant's property, and (2) none of the uses permitted in the proposed zoning district shall adversely affect property values or the health, safety, morals, or general welfare of the residents of the area.

---

---

---

---

7. The Planning Board recommends that this request be:

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Reason: \_\_\_\_\_

---

---

---

---

8. Signature of Property Owner(s) or  
Person Representing Application: \_\_\_\_\_

Print: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Discussion Between City Staff And The Applicant Does Not Bind The City. The Applicant Should Expect That Additional Issues Will Likely Be Raised By The City At Later Stages In The Process.**