



Application for Rezoning

Town of Oriental

P O Box 472, 507 Church St
Oriental, NC 28571
252.249.0555(ph) 252.249.0208 (fax)

Date: _____ Filing Fee (\$1,000) check #/cash _____ pd (init) _____

Applicant's Name _____

Mailing Address: _____

Location of Requested Change: _____

Contact Phone Number: _____ Contact email: _____

Parcel ID # _____ Tax ID# _____

Current Growth Mgmt Ordinance Classification of Property: (circle one)

MU-1 R-1 R-2 R-3

Requested Growth Mgmt Ordinance Classification of Property: (circle one)

MU MU-1 R-1 R-2 R-3

Signature of Applicant: _____ Date: _____

Please attach names and addresses of all property owners within 150 ft of the property requesting rezoning, a copy of the Pamlico County Tax Record, and a GIS or equivalent map.