



Town of Maggie Valley

APPLICATION FOR ZONING MAP AMENDMENT

Date of Application/Fee: _____
 Property Address: _____
 Parcel No / Tax Pins(s): _____
 Current District : _____
Proposed District: _____
 Acreage requested for rezoning: _____
 Township: _____

Owner(s): _____

Mailing Address: _____

Telephone: _____ email: _____

Applicant(s if different): _____

Mailing Address: _____

Telephone: _____ email: _____

Applicant/Owner Signature

Applicant/Owner Signature

Staff Signature

Notarial Certification

_____ County, North Carolina

I certify that _____ personally appeared before me this the
 ___ day of _____, _____,

and acknowledged the due execution of the foregoing instrument.

Notary Signature: _____

Notary Printed Name _____

My Commission Expires: _____

(Seal)



Town of Maggie Valley

APPLICATION FOR ZONING MAP AMENDMENT

Owner Signature

(complete one for each owner)

I, _____, **owner (trustee, executor, etc.)** of the property

denoted by Haywood County Tax PIN _____, request that the property

be granted a rezoning from _____ to

_____. I agree with the conditions requested and understand that additional

conditions may be applied by the governing body. Also, I understand that if granted, the rezoning is

permanent and will run with the land. I feel this will serve my best interests.

Signature

Date

Mailing Address

City, State, Zip

Phone Number

Staff Signature

Notarial Certification

_____ County, North Carolina

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(Seal)