



TOWN OF BENSON
 Planning and Zoning Department
 303 E. Church St.
 Benson, NC 27504
 919-894-3553

INSTRUCTIONS FOR FILING A PETITION TO AMEND THE ZONING MAP

In order to process the petition/application the following items must be submitted BEFORE 4:30 PM on the submittal date outlined on the schedule below.

SUBMITTAL DATE BY 4:30 PM	PLANNING BOARD MEETING DATE	BOARD OF COMMISSIONERS MEETING DATE
Friday, December 8, 2023	Tuesday, January 2, 2024	Tuesday, January 9, 2024
Friday, January 5, 2024	Tuesday, February 6, 2024	Tuesday, February 13, 2024
Friday, February 9, 2024	Tuesday, March 5, 2024	Tuesday, March 12, 2024
Friday, March 8, 2024	Tuesday, April 2, 2024	Tuesday, April 9, 2024
Friday, April 5, 2024	Tuesday, May 7, 2024	Tuesday, May 14, 2024
Friday, May 10, 2024	Tuesday, June 4, 2024	Tuesday, June 11, 2024
Friday, June 7, 2024	Tuesday, July 2, 2024	Tuesday, July 9, 2024
Friday, July 5, 2019	Tuesday, August 6, 2024	Tuesday, August 13, 2024
Friday, August 9, 2024	Tuesday, September 3, 2024	Tuesday, September 10, 2024
Friday, September 6, 2024	Tuesday, October 1, 2024	Tuesday, October 8, 2024
Friday, October 4, 2019	Tuesday, November 5, 2024	Tuesday, November 12, 2024
Friday, November 8, 2024	Tuesday, December 3, 2024	Tuesday, December 10, 2024
Friday, December 6, 2019	Tuesday, January 7, 2025	Tuesday, January 14, 2025

Name of Project: _____

Date: _____

Applicant Name: _____

The following checklist to be completed by applicant:

- Pre-Application Meeting on: _____
- Completed Application Owner's Consent Form
- Signed & Sealed Boundary Survey Application Fee
- Site Plan/Conceptual Design in PDF and Hard Copy
- Three (3) paper copies of the map for staff review.
- Copy of signed & sealed boundary survey in PDF or USB

The application must be signed by the landowner(s) or by an authorized agent. If signed by an authorized agent, the landowner must sign and have notarized the section of the application that grants the agent authority to act on the owner's behalf.

Reviewed by: _____

Date: _____



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APPLICATION FOR CONDITIONAL REZONING

THE FILING FEE SHALL BE IN ACCORDANCE WITH THE SCHEDULE OF FEES

SITE INFORMATION

Name of Project: _____
 Acreage of Property: _____
 Parcel Number: _____
 Address/Location of Property: _____
 Existing Zoning District: _____ Proposed Zoning District: _____

UTILITIES	
Water: Public <input type="checkbox"/> Private <input type="checkbox"/>	Sewer: Public <input type="checkbox"/> Private <input type="checkbox"/>
Water Provider: Town of Benson <input type="checkbox"/> Johnston Co. <input type="checkbox"/>	Johnston Co. Well/Septic Permit #
Electric Provider: Town of Benson	
Premise #:	
Gas Company:	

APPLICANT INFORMATION

Applicant: _____
 Mailing Address: _____
 Phone Number: _____
 Contact Person: _____
 Email Address: _____
 Applicant's Legal Interest in the Property: _____

PROPERTY OWNER INFORMATION

Owner Name: _____
 Mailing Address: _____
 Phone Number: _____
 Email Address: _____

OFFICE USE ONLY

Date Received:	Amount Paid:
Received By:	File Number:

EXPLANATION OF PROPOSED USES AND CONDITIONS

To Mayor, Town of Benson Board of Commissioners:

The undersigned respectfully requests that, pursuant to the Unified Development Ordinance, a conditional zoning district be approved for the following use(s) and subject to the following condition(s):

Proposed Uses:

Proposed Zoning Conditions:

An application has been duly filed requesting that the property involved with this application be rezoned from: _____ to: _____

It is understood and acknowledged that if the property is rezoned as requested, the property involved in this request will be perpetually bound to the conceptual development plan, use(s) authorized, and subject to such condition(s) as imposed, unless subsequently changed or amended as provided for in the Town of Benson Unified Development Ordinance. It is further understood and acknowledged that final plans for any development be made pursuant to any such conditional zoning district so authorized and shall be submitted to the Technical Review Committee.

Property Owner (s) _____ Date _____

NOTE: Form must be signed by the owner(s) of record. If there are multiple property owners a signature is required for each owner of record.

CONDITIONAL REZONING DESIGN STANDARDS CHECKLIST

The table below depicts the design standards of the conceptual development plan for a conditional rezoning application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

Conditional Rezoning

Conceptual Development Plan Design Standards Checklist

Date Received: _____

TRC Date: _____

Project Name: _____

Applicant/Property Owner: _____

Conditional Rezoning Design Standards Checklist	
1.	Property owner name, address, phone number, and e-mail address.
2.	Site address and parcel identification number.
3.	A scaled drawing showing existing boundary lines, total acreage, adjacent use types, location of streets, rights-of-way, and easements.
4.	North arrow and scale to be 1" = 100' or larger.
5.	Vicinity map showing property's general location in relation to streets, railroads, and waterways.
6.	Approximate location of the following existing items within the property to be rezoned and within 50' of the existing property lines: Pathways, structures, septic systems, wells, utility lines, water lines, culverts, storm drainage pipes, ditches, canals, streams, wooded areas, ponds, and cemeteries.
7.	Identify all existing buildings with exterior dimensions including heights, number of stories, distance to lot lines.
8.	Approximate location of all designated Areas of Environmental Concern or other such areas which are environmentally sensitive on the property, such as Maritime Forest, CAMA, 404, or 401 wetlands as defined by the appropriate agency.
9.	Proposed zoning classification and intended use of all land and structures, including the number of residential units and the total square footage of any non-residential development.
10.	Proposed building footprints and usages.
11.	Proposed traffic, parking, and circulation plans including streets, drives, loading and service areas, parking layout, and pedestrian circulation features.
12.	Approximate location of storm drainage patterns and facilities intended to serve the development.
13.	Proposed common areas, open space set-asides, anticipated landscape buffering, and fences or walls (if proposed).
14.	Architectural drawings and/or sketches illustrating the design and character of the proposed uses.
15.	Existing zoning classification of the property and surrounding properties.
16.	Proposed development schedule.

APPROVAL STANDARDS

All applications for a Conditional Rezoning must address the following:

1. Compliance with coded section 156.705 and all other applicable requirements of this chapter, or analysis and justification if it deviates from the requirements of this chapter.

2. Conformance of the proposal with the stated purpose of the requested conditional zoning district.

3. Compatibility of the proposed development with the adjacent community.

4. The quality of design intended for each component of the project and the ability of the overall development plan to ensure a unified, cohesive environment at full build-out.

5. Compatible relationships between each component of the overall project.

6. Self-sufficiency of each phase of the overall project.

7. Documentation that the proposed infrastructure improvements accommodate the additional impacts caused by the development, or documentation to assure that the development, as proposed, will not overtax the existing public infrastructure systems.

8. The effectiveness with which the proposal protects and preserves the ecologically sensitive areas within the development.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Board of Commissioners of the Town of Benson to amend the Zoning Ordinance and change the Official Zoning Map of the Town of Benson as requested. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Benson, North Carolina, and will not be returned.

Print Name Signature of Applicant Date

OWNER CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. All fields must be completed.

Project Name: _____ **Address or PIN #:** _____

AGENT/APPLICANT INFORMATION:

(Name – type, print clearly) (Address)

(City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (***list applicable requests***).

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

(Name – type, print clearly) (Address)

(Owner's Signature)

(City, State, Zip)

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20____.

SEAL

Notary Public

My Commission Expires: _____