



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
December 6, 2019	January 7, 2020	January 14, 2020
January 3, 2020	February 4, 2020	February 11, 2020
February 7, 2020	March 3, 2020	March 10, 2020
March 6, 2020	April 7, 2020	April 14, 2020
April 3, 2020	May 5, 2020	May 12, 2020
May 1, 2020	June 2, 2020	June 9, 2020
June 5, 2020	July 7, 2020	July 14, 2020
July 3, 2020	August 4, 2020	August 11, 2020
August 7, 2020	September 1, 2020	September 8, 2020
September 4, 2020	October 6, 2020	October 13, 2020
October 2, 2020	November 3, 2020	November 10, 2020
November 6, 2020	December 1, 2020	December 8, 2020
December 4, 2020	January 5, 2021	January 12, 2021

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
- Adjacent Property Owner's List Neighborhood Meeting Notice letter
- 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 ZONING MAP AMENDMENT

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:

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: _____