



**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

**Name of Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

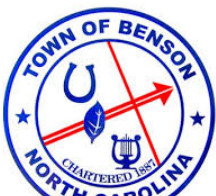
*The following checklist to be completed by applicant:*

- 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:** \_\_\_\_\_



**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:

**EXPLANATION OF PROJECT**

Please provide detailed information concerning all requests. Attach additional sheets if necessary.

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**APPROVAL CRITERIA**

All applications for a Rezoning must address the following:

1. Consistency with the adopted plans and polices of the Town.  

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2. Suitability of the subject property for uses permitted by the current vs. the proposed district.  

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3. Whether the proposed change tends to improve the balance of uses, or meets specific demand in the Town.  

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4. The capacity of adequate public facilities and services including schools, roads, recreation facilities, wastewater treatment, potable water supply and stormwater drainage facilities is available for the proposed use.  

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5. It has been determined that the legal purposes for which zoning exists are not contravened.

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6. It has been determined that there will be no adverse effect upon adjoining property owners unless such effect can be justified by the overwhelming public good or welfare.

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7. It has been determined that no one property owner or small group of property owners will benefit materially from the change to the detriment of the general public.

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**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:** \_\_\_\_\_