COUNTY OF PASQUOTANK
DEPARTMENT OF PLANNING AND INSPECTIONS
PETITION FOR REZONING CLASSIFICATION

APPLICANT:

Name: _____

Address: _____

_____

Telephone: _____

OWNER:

Name: _____

Address: _____

_____

Telephone: _____

LEGAL RELATIONSHIP OF APPLICANT TO THE PROPERTY OWNER: _____

PROPERTY INFORMATION

Location: _____

Tax Map # _____ Total Acreage: _____

REQUEST

I hereby request the property identified above be reclassified from _____ to _____.

_____ _____

Applicant Date Applicant Date

INFORMATION REQUIRED:

Copy of recorded plat or deed.
Documentation from Environmental Health stating their position on wastewater.

FOR OFFICIAL USE: **RR#**_____

DATE RECEIVED:_____ **FEE**_____ **RECIPIENT**_____