



# TOWN OF BLOWING ROCK

## CONDITIONAL ZONING DISTRICT APPLICATION

Department of Planning and Inspections  
PO Box 47, Blowing Rock, North Carolina 28605  
828-295-5240 Fax 828-295-0357

[www.townofblowingrocknc.gov](http://www.townofblowingrocknc.gov) email: [planning@townofblowingrocknc.gov](mailto:planning@townofblowingrocknc.gov)

### A. Applicant/Owner Representative Information

1. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (m) \_\_\_\_\_

2. Property Owner (if not applicant) \_\_\_\_\_

Address: \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (m) \_\_\_\_\_

### B. Request Information

1. Present zoning classification(s): \_\_\_\_\_

2. Requested conditional rezoning classification (s): \_\_\_\_\_

3. Describe the purpose of the conditional rezoning request : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. Property Identification, Location, and Site Information

1. Tax Map # \_\_\_\_\_ Deed Book \_\_\_\_\_ Page \_\_\_\_\_

**A copy of the most recently recorded deed(s) and tax map identifying the above noted tax parcels must accompany this application, or the application will be considered incomplete and will be returned.**

2.  This conditional rezoning request includes an entire parcel and/or recorded platted lots.

This conditional rezoning request includes a portion(s) of an existing parcel(s). A written legal description along with a map identifying that portion of the parcel is attached.

3. Geographic location and address of site: \_\_\_\_\_

\_\_\_\_\_

4. Total acreage (square footage if less than one acre) of subject property: \_\_\_\_\_

\_\_\_\_\_

#### **D. Conditional District Zoning Application Filing Requirements**

**Three (3) copies and a digital version in PDF Format** of a schematic site plan, drawn to scale and at a maximum of 24" x 36", if you are not able to provide this information, please contact the Planning Department at 828-295-5240. The site plan will include following items:

- (1) A boundary survey showing the total acreage, present Zoning classification(s), date, north arrow, and vicinity map;
- (2) If only a portion of a parcel(s) is proposed for rezoning, or if the proposed zoning boundary line does not align with the existing zoning boundary line, then a metes and bounds description is needed.
- (3) Elevations of proposed building(s).
- (4) Signature of ALL subject property owners is required.
- (5) All existing easements, reservations, and rights-of-way, and all yards required for the Zoning district requested (show setback, side and rear yard requirements for proposed Zoning district);
- (6) Proposed use of land and structures: for residential uses, this shall include the number of units and an outline for the area within which the structures will be located; for non-residential uses, this shall include the total square footage of structures and an outline of the area within which the structure will be located;
- (7) Traffic, parking and circulation plan, showing proposed locations and arrangements of parking spaces and entrance and exit to adjacent streets (show existing drives opposite proposed project);
- (8) Proposed screening, including walls, fences, or planting areas, as well as treatment of any existing natural features and any proposed buffers or landscaped yards at the project boundary.
- (9) Generalized information as to the number, height, size, location of structures and any proposed phasing.
- (10) Clearly delineate the rezoning boundary area. Clearly differentiate between two or more proposed rezoning classifications.
- (11) Delineation of areas within the regulatory floodplain as shown on the official Flood Insurance Rate Map.
- (12) Topography at five-foot contour intervals or less (existing and proposed);
- (13) Schematic site plan must be titled with project plan and proposed use;
- (14) List of additional conditions proposed to regulate the development of the site.

**E. Signatures**

When the applicant is someone other than the current property owner, the signatures of both the current property owner and the applicant shall be provided unless a power of attorney authorization is in effect. If a power of attorney is in effect, a properly executed copy is required to be submitted with this application.

**Signature of Property Owner(s)**

**I/WE the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my/our knowledge, and do hereby request the Blowing Rock Town Council to take action as by this application.**

1)	_____	_____	_____
	(Owner Print Name)	(Owner Signature)	(Date)
2)	_____	_____	_____
	(Owner Print Name)	(Owner Signature)	(Date)
3)	_____	_____	_____
	(Owner Print Name)	(Owner Signature)	(Date)
4)	_____	_____	_____
	(Owner Print Name)	(Owner Signature)	(Date)
5)	_____	_____	_____
	(Owner Print Name)	(Owner Signature)	(Date)
6)	_____	_____	_____
	(Owner Print Name)	(Owner Signature)	(Date)

**Note:** If there are additional property owners, applicants or representatives, please attach an additional signature sheet with their names and signatures.

Corporations, Partnerships or other similar entities please include notarized official corporation certification authorizing representatives to sign on behalf of the corporation.

<b>STAFF USE ONLY</b>			
Received by: _____	Date: _____	Fee: _____	File# _____