

1. Applicant Name: _____
2. Applicant Address: _____
3. Applicant City: _____ State: _____ Zip Code: _____
4. Applicant Telephone: _____
5. Name and address of owner (if different from applicant): _____

6. Location of Subject Property:
 - (a) Street Address: _____
 - (b) Cabarrus County P.I.N.: _____
7. Area of Subject Property (acres or square feet): _____
8. Current Zoning Classification: _____ Existing Land Use: _____
9. Surrounding Land Use:

North: _____ *South:* _____
East: _____ *West:* _____
10. Reason(s) for requesting a Historic District Amendment: _____

Required Attachments/Submittals

1. Typed metes and bounds description of subject property. A property deed is sufficient, provided the deed describes only the subject property.
2. Cabarrus County Land Records printout of names and addresses of all immediately adjacent property owners, including any directly across a street.

Certification

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

 Signature of Owner/Agent

 Date

Application fee is nonrefundable

Staff Use Only

Fee: \$350.00 Received by: _____ Date: _____

1. Scheduled for Historic Preservation Commission consideration:

Date: _____ Time: _____ Location: _____

2. Date advertised, written notice(s) sent, and property posted: _____

3. Record of Decision: Motion to: _____ Approve _____ Deny

Yea Nay

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Historic Preservation Commission recommendation: _____ Approve _____ Deny

If denied, was an appeal filed? _____

5. Date applicant notified of Historic Preservation Commission action: _____

6. Scheduled for Planning and Zoning Commission consideration: _____

Date: _____ Time: _____ Location: _____

7. Date advertised, written notice(s) sent, and property posted: _____

8. Record of Decision: Motion to: _____ Approve _____ Deny

Yea Nay

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Planning and Zoning Commission recommendation: _____ Approve _____ Deny

If denied, was an appeal filed? _____

10. Date applicant notified of Planning and Zoning Commission action: _____

11. Scheduled for City Council consideration:

Date: _____ Time: _____ Location: _____

12. Date advertised, written notice(s) sent, and property posted: _____

13. City Council recommendation: _____ Approved _____ Deny

14. Date applicant notified of City Council action: _____



15. Comments (see minutes for details): _____