

Town of Garland 190 South Church Avenue Garland, North Carolina 28441

REZONING APPLICATION

Name of Project:	
Applicant Name:	
The following checklist to be comple	ted by applicant:
Application Fee, \$350.00	
Advertisement Fee, \$200.00	
Submit 1 hardcopy and 1 digital cop	y of each of the following:
Completed Application	
Owner's Consent Form	
Adjacent Property Owner's List	
Boundary Survey or Site Plan de 1. The shape and dimension of zoning change. 2. The location of the area with rights-of-way.	the area proposed for
One set of business (No. 10) er with a first class stamp and add person on the adjacent property in this application. These envelopments with the application.	ressed to each owner list included
Reviewed by:	

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REZONING APPLICATION

SITE INFORMATION		
Name of Project:		
Acreage of Property:	Dec	ed Book, PG #:
Pin #:		
Address/Location:		
Existing Zoning District:	Prop	osed Zoning District:
APPLICANT INFORMA	ATION	
Applicant:		
Mailing Address:	·	
Phone Number:		Fax:
Email Address:		
PROPERTY OWNER II	NFORMATION	
Name:		
Phone Number:		Fax:
Email Address:		
	OFFICE US	E ONLY
Date Received:	Amount Paid:	File Number:

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EXPLANATION OF PROJECT Please provide detailed information concerning your request. Please describe how the request is consistent with surrounding zoning districts and uses, as well as the request's consistency with the Town's Land Use Plan. Attach additional sheets if necessary. APPLICANT AFFIDAVIT I/We, the undersigned, do hereby make an application and petition to the Board of Commissioners of the Town of Garland to approve the subject Rezoning. 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 Town of Rezoning, North Carolina, and will not be returned.

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Signature of Applicant

Print Name

Date

ADJACENT PROPERTY OWNERS LIST

Project Name:			
The following are all the persons, firms, or corporations owning property within 100 feet and immediately adjacent to the property (including across street rights of way) subject to this request. Where the subject property immediately adjoins a public or private right-of-way, landscape or riparian buffer, commonly-owned private area, public property, or homeowners' association property, then letters of notification shall be sent to adjoining property owners as if they directly abut the subject property. Please use a separate sheet if necessary It is the responsibility of the applicant to correctly identify the current owner, based upon records in the Sampson County GIS Office, for all property owners of land within the required public notice radius.			
PARCEL NUMBER	NAME	ADDRESS	
THROLE IVENIBLIA	1 (11)	THE DIEGO	

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OWNER'S 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. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name:	Address or PIN #:
AGENT/APPLICANT INFORMATION:	
(Name - type, print clearly)	(Address)
	(City, State, Zip)
	nt/applicant to act on my behalf, to submit applications and all required it me at all meetings and public hearings pertaining to the following
part of the approval of this application. I hereby certify that I have authority to execute this contains the second of the approval of the a	gnated above to agree to all terms and conditions which may arise as onsent form as/on behalf of the property owner. I understand that any by me or my agent will result in the denial, revocation or administrative
withdrawal of this application, request, approval or per as part of the approval of this application.	mits. I further agree to all terms and conditions which may be imposed
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
SEAL	Notary Public
	My Commission Expires:

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