

Town of Hayesville
P.O. Box 235, Hayesville, NC 28904
Phone (828)389-1862 FAX (828)389-3708
Application to Rezone Property
Filing Fee \$200.00

Application No. Z0 _____ Receipt No. _____ Date _____

Applicant _____ Owner _____

Address _____ Address _____

Phone _____ Phone _____

Email _____ Email _____

Legal relationship of applicant to property owner _____

Property Location (street address) _____

Tax map PIN # _____ REC # _____ Deed Book# _____ Page# _____

Lot size _____ ac.

CURRENT ZONING DISTRICT _____ REQUESTED ZONING DISTRICT _____

Reason for this rezoning request (attach pages as needed):

Describe neighboring properties as to type and usage:

Describe benefit to the community provided by this rezoning request:

(Signature of Applicant)

(Signature of Owner if other than Applicant)

*Return application with fee to:
Town of Hayesville, 56 Sanderson Street or P.O. Box 235, Hayesville, NC 28904*