

**Village of Lake Park
Zoning Map Amendment Application**

Applicant Information

Name _____

Mailing Address

Street _____

City _____ **State** _____ **Zip** _____

Contact Phone _____

Email _____

Proposed Zoning Map Amendment

Parcel ID Number(s) _____

Physical Address(es) _____

Current Zoning District(s) _____

Proposed Zoning District _____

Attach separate sheets as necessary to list additional parcels.

Attach a map clearly identifying the properties that are subject to the amendment.

Applicant Signature

Applicant

Date

Attach a separate sheet for additional applicant signatures.

Zoning map amendment applications by persons who are not the owner of the property to which the amendment will apply require additional certified notices per NCGS 160A-384(a). If you are the property owner, please submit a copy of the deed or other documentation to verify ownership.

Official Use Only

Date Received _____

Received By _____

Application Complete? YES / NO **Fee Received** _____

Large empty rectangular area for official use.