

TOWN OF BENSON Planning and Zoning Department 303 E. Church St. Benson, NC 27504 919-894-3553

INSTRUCTIONS FOR FILING A PETITION TO AMEND THE ZONING MAP

In order to process the petition/application the following items must be submitted BEFORE 4:30 PM on the submittal date outlined on the schedule below.

SUBMITTAL DATE BY 4:30 PM	PLANNING BOARD MEETING DATE	BOARD OF COMMISSIONERS MEETING DATE
December 6, 2019	January 7, 2020	January 14, 2020
January 3, 2020	February 4, 2020	February 11, 2020
February 7, 2020	March 3, 2020	March 10, 2020
March 6, 2020	April 7, 2020	April 14, 2020
April 3, 2020	May 5, 2020	May 12, 2020
May 1, 2020	June 2, 2020	June 9, 2020
June 5, 2020	July 7, 2020	July 14, 2020
July 3, 2020	August 4, 2020	August 11, 2020
August 7, 2020	September 1, 2020	September 8, 2020
September 4, 2020	October 6, 2020	October 13, 2020
October 2, 2020	November 3, 2020	November 10, 2020
November 6, 2020	December 1, 2020	December 8, 2020
December 4, 2020	January 5, 2021	January 12, 2021

Name of Project:	Lee Street Athletic Park Improvements	Date:December 17, 2019
Applicant Name:	Town of Benson Parks and Recreation	Department
The followin	g checklist to be completed by applicant:	
[] Pre-App	lication Meeting on:	
[X] Completed Application		[] Owner's Consent Form
[] Signed & Sealed Boundary Survey		[] Application Fee
[X] Adjacent Property Owner's List		[] Neighborhood Meeting Notice letter
[] Three (3) paper copies of the map for staff review	
[] Copy of	signed & sealed boundary survey in PDF	or USB
		authorized agent. If signed by an authorized agent, the oplication that grants the agent authority to act on the
Reviewed by:		Date:



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APPLICATION FOR ZONING MAP AMENDMENT

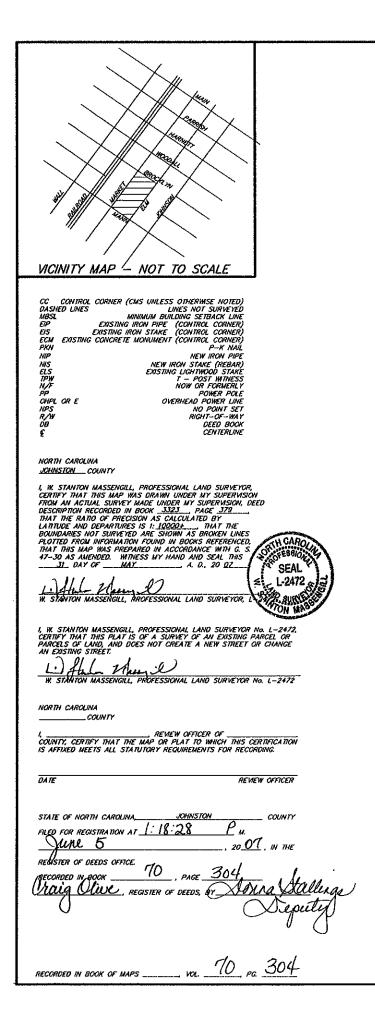
THE FILING FEE SHALL BE IN ACCORDANCE WITH THE SCHEDULE OF FEES

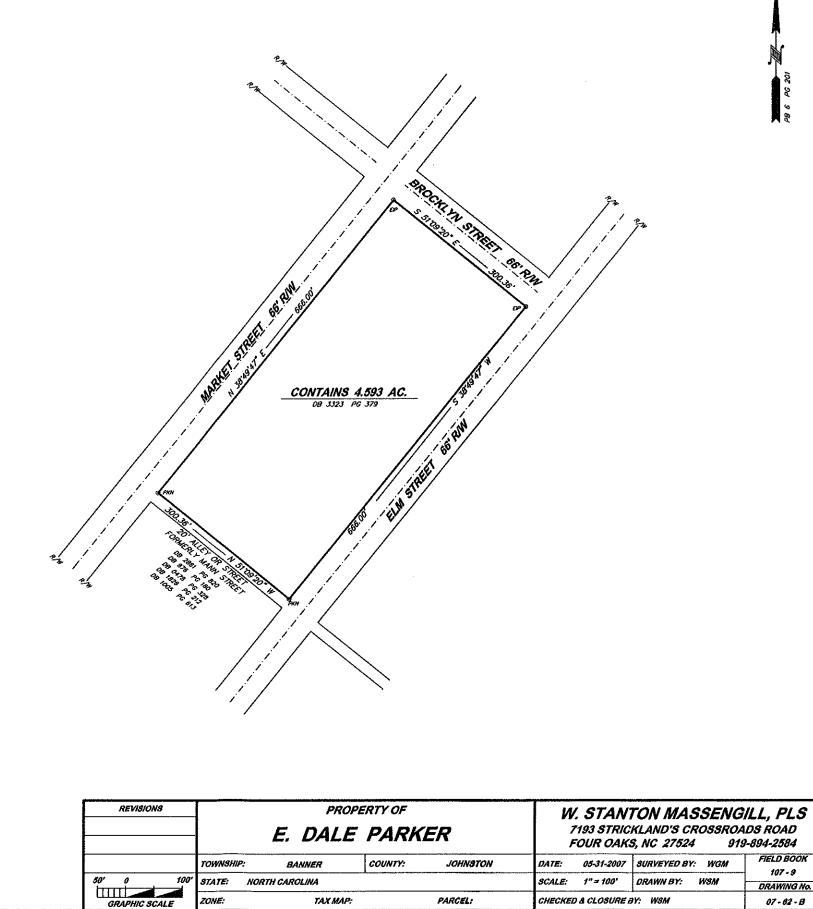
SITE INFORMATION				
Name of Project: Lee Street Athletic Park Improvements				
Acreage of Property: 4.59				
Parcel Number: 01040004				
Address/Location of Property: E Brocklyn St & Elm St	December 2000 Control of the Control			
Existing Zoning District: RA(Single Family Residential/Agriculture Proposed Zoning District: B-2(Neighborhood Business)				
UTILITIES				
Water: Public Private Dynamic Sewer: Public Dynamic Dy				
APPLICANT INFORMATION				
Applicant:Town of Benson Mailing Address:303 E Church St, Benson, NC 27504 Phone Number:919-894-3553 Contact Person:Erin Joseph Email Address:ejoseph@townofbenson.com Applicant's Legal Interest in the Property:				
PROPERTY OWNER INFORMATION				
Owner Name: Town of Benson				
Mailing Address: 303 E Church St, Benson, NC 27504				
DI N. I 040 004 2552	Control of the Contro			
Email Address: ejoseph@townofbenson.com_				
ejosephertownorbenson.comejosephertownorbenson.com				
OFFICE USE ONLY				
Date Received: Amount Paid:				
Received By: File Number:				

OWNER 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. All fields must be completed. Project Name: Lee Street Athletic Park Address or PIN #: AGENT/APPLICANT INFORMATION: Erin Joseph (Name – type, print clearly) (Address) (City, State, Zip) I hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (list applicable requests). Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application. I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application. OWNER AUTHORIZATION: (Name - type, print clearly (Address) (City, State, Zip) (Owner's Signature) STATE OF **COUNTY OF** Sworn and subscribed before me ______, a Notary Public for the above State and County, this the ______ day of ______, 20_____. SEAL **Notary Public** My Commission Expires:





ZONE:

TAX MAP:

PARCEL:

FIELD BOOK

107 - 9

07 - 62 - B

CHECKED & CLOSURE BY: WSM