## TOWN OF LONG VIEW APPLICATION FOR REZONING

Date	Name				
тот	THE LONG VIEW PLANNING BOARD AND BOARD OF ALDERMEN:				
Boar	e), the undersigned, do hereby respectfully make application and request the Planning d and the Board of Aldermen to amend the Zoning Ordinance and/or the Official ng Map of the Town of Long View as herein requested.				
1.	It is requested that the property described below be rezoned from theZoning District to theZoning District.				
2.	The property requested for rezoning is located at and is within the Town Limits of Long View. The property is further described as that parcel shown and identified on the Catawba County Parcel Identification Number				
3.	Said parcel contains acres with a road frontage of feet and a lot depth of feet.				
4.	The property is owned by:				
Ident	<b>TE:</b> If more than one property is requested for rezoning, attach a list of Parcel iffication Numbers for each property along with the name and mailing address of property owner.				
5.	Provide a brief statement as to why you are requesting the zoning change:				
	If more space is needed please use a separate sheet				

	e fill in the bla sted to be rezo	_	nes and land uses adjacent to the property
Location		Present Zoning	Present Land Use
North			
East			
South			
West			·
	property and be processed in directing t	adjacent property. Application and will be returned to the he applicant in obtaining a the above information is transfer.	ridths, current land uses of the subject ations that do not contain a map will not applicant for completion. Staff will assist map.  ue and accurate to the best of my
Signature of Applica		ant or Agent	Date
			Daytime Telephone Number
a regu		d meeting of the Planning I	lerk not less than twenty (20) days before Board. The Planning Board meets on the
	n-refundable ap time of submis	-	ed and fifty dollars (\$150.00) must be paid

Neighborhood Characteristics:

6.