



Rezoning/Rezoning – Conditional
 Fee: \$1300 - Rezoning
 Fee: \$5000 – Conditional Rezoning
 (Revised 09/2019)

Permit Information

Section 6.1 of the Pinehurst Development Ordinance (PDO) describes the process and requirements to amend the Official Zoning Map, or re-zone property. Applications for rezoning to a conditional district may only be initiated by the owner(s) of the property (or their representatives) and includes proposed conditions and/or use limitations that are more restrictive than would otherwise be allowed in the corresponding general use district.

This application must be completed in full and submitted with the associated fee listed in the Village’s Fees and Charges Schedule, which can be accessed at www.vopnc.org/Home/ShowDocument?id=10100.

Intake Information

Property Address	
Street Address	
City, State, Zip Code	
Parcel ID #	

Owner Information	
Name	
Street Address	
City, State, Zip Code	
Mobile Phone #	
Business Phone #	
Other Phone #	
Email	

Applicant	
Name	
Street Address	
City, State, Zip Code	
Mobile Phone #	
Other Phone #	
Email	



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General Information

<input type="checkbox"/> Rezoning <input type="checkbox"/> Conditional District Rezoning			
Project Description			
Current Zoning District			
Proposed Zoning District			
Reason for Rezoning Request			
Legal Basis for Application		<input type="checkbox"/> Property Owner in Village Planning Jurisdiction (Required for Conditional Rezoning) <input type="checkbox"/> Agent, Lessee, or Contract Purchaser Authorized by Property Owner(s) <input type="checkbox"/> Owner of a Legal Equitable Interest in Property in Village Planning Jurisdiction	
Number of Parcels to be Rezoned		Number of Acres to be Rezoned	
Existing Use		Proposed Use	
<input type="checkbox"/> Vacant		<input type="checkbox"/> Vacant	
<input type="checkbox"/> Single Family Low Density		<input type="checkbox"/> Single Family Low Density	
<input type="checkbox"/> Single Family Medium Density		<input type="checkbox"/> Single Family Medium Density	
<input type="checkbox"/> Single Family High Density		<input type="checkbox"/> Single Family High Density	
<input type="checkbox"/> Multi-Family Development		<input type="checkbox"/> Multi-Family Development	
<input type="checkbox"/> Office		<input type="checkbox"/> Office	
<input type="checkbox"/> Retail		<input type="checkbox"/> Retail	
<input type="checkbox"/> Lodging		<input type="checkbox"/> Lodging	
<input type="checkbox"/> Recreational		<input type="checkbox"/> Recreational	
<input type="checkbox"/> Institutional		<input type="checkbox"/> Institutional	
<input type="checkbox"/> Medical		<input type="checkbox"/> Medical	
<input type="checkbox"/> Industrial		<input type="checkbox"/> Industrial	
<input type="checkbox"/> Services		<input type="checkbox"/> Services	
Conditions of Rezoning - Requested (If Any)			
Rezoning Results in an Increase in Density or Intensity of Uses		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Adjacent Property Owner Meeting (If Increased Density/Intensity of Uses)
Other Information			



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Location Information

Overlay District	<input type="checkbox"/> Historic Preservation Overlay District	<input type="checkbox"/> N/A
	<input type="checkbox"/> Pinehurst South Overlay District	
Roads	<input type="checkbox"/> Public	<input type="checkbox"/> Private
Water Provider		
Sewer Provider		

Required Documents

- Summary Report of Meeting with Adjacent Property Owners (If Increased Density/Intensity of Uses)
- General Concept Plan Application, with Required Documents (If a Conditional District Rezoning)
- Written authorization of property owner (If submitted by an owner's representative)

Certification

I hereby certify that the information contained in this application is accurate and complete. I also confirm that I have read and understand the requirements that must be met in order to obtain approval for a rezoning.

Applicant Signature: _____

Date: _____