



# City of Morganton PETITION FOR REZONING

Date Filed \_\_\_\_\_

TO: CITY PLANNING AND ZONING COMMISSION AND CITY COUNCIL,  
MORGANTON, NORTH CAROLINA: I (we), the undersigned, do hereby respectfully  
make application and request the City Planning and Zoning Commission and the City  
Council to amend the Zoning Ordinance and change the Zoning Map of the City of  
Morganton as hereinafter requested, and in support of this application, the following facts  
are shown:

1) It is desired and requested that the following property be rezoned from:  
\_\_\_\_\_ to: \_\_\_\_\_

2) The property sought to be rezoned is located at (street address or description of  
location) \_\_\_\_\_

Parcel #1 (*You may access Burke County GIS at <http://arcims2.webgis.net/nc/burke/>  
in order to obtain the following information.*)

Size of tract \_\_\_\_\_

Deed Book \_\_\_\_\_ page \_\_\_\_\_

Tax parcel # Map \_\_\_\_\_ Block \_\_\_\_\_ Lot # \_\_\_\_\_

PIN # \_\_\_\_\_ Record # \_\_\_\_\_

The property sought to be rezoned is owned by:  
Owners name(s) and address \_\_\_\_\_  
Mailing address (if different than above) \_\_\_\_\_

**(For additional tracts to be rezoned please attach additional sheets with the  
same information as for parcel 1.)**

3) Attach a legal description of all property for which rezoning is requested. (*Copies of  
deeds are available from the Burke County Register of Deeds Office located at the  
Burke County Courthouse on South Green Street.*)

4) An application fee of **\$600.00** must be submitted with this application.

5) Applicant Information

Applicant's Name (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

**If you have questions about this form or the rezoning process, please contact City  
of Morganton, Development & Design Services Department at (828) 438-5260.**