

LEWISVILLE PLANNING DEPARTMENT

6510 Shallowford Road | P.O. Box 547 Lewisville, NC 27023-0547 Voice 336-945-5558 | FAX 336-945-5531

REZONING APPLICATION

(ZONING MAP AMENDMENT APPLICATION)

Application Date		
Property Address		
Tax PIN(s)		
Existing Zoning		
Proposed Zoning		
Acreage Requeste	ed for Rezoning	
Utilities (circle)	Public / Well	Sewer / Septic
*Attach site plan c	and/or list of permitte	ed uses along with this application
Owner(s)		
Telephone		email
Applicant(s) (if diff	erent)	
Mailing Address		
Telephone		email
l,		, owner (trustee, executor, etc.) of the
property denoted	by Forsyth County To	ax PIN(s),
request that the pi	roperty be granted	a rezoning from
to		. I agree with the proposed site-specific
conditions include	d with this application	on. I understand that additional or different
conditions may be	required by the Tov	vn Council, that these conditions are permanent,
and will run with th	ne land. I feel this will	serve my best interests.
Owner Signature		Applicant Signature
File#		
Fee Paid		Staff Signature