City of Salisbury
Development Services
110 North Main Street
Salisbury, NC 28144
Ph. 704.638.5207
Ph. 704.638.5242 (planning)
Fax 704.638.8494

DISTRICT MAP AMENDMENT PETITION

SHADED AREAS FOR STAFF USE ONLY

FILING DATE: _____ **REVIEW FEE: $250.00**

CASE NUMBER: _____ (FORM LAST REVISED 03.13.09)

- ☐ **Petition involves entire parcel(s) as shown on the Rowan County Tax Map**
- ☐ **Petition involves a portion of a parcel(s) as shown on the Rowan County Tax Map (provide map)**
- ☐ **Petitioner is the property owner(s) of record**
- ☐ **Petitioner is an entity requesting a third-party amendment**

CONTACT INFORMATION

Petitioner: _____ **Phone:** _____
Address: _____
_____ **email:** _____
Property Owner: _____ **Phone:** _____
Address: _____
_____ **email:** _____
Representative: _____ **Phone:** _____
Company/Firm: _____ **email:** _____

PROPERTY INFORMATION

Rowan County Parcel ID(s): [ ]

Address: _____

General Property Description: _____
_____

Existing District: [ ] **Proposed District:** [ ]

SIGNATURE

By signing this petition you understand that this petition will be forwarded to the Planning Board (a City Council-appointed board) who will hear testimony from staff and the general public and then will vote to make a Statement of Consistency and recommendation on the petition to City Council. The petition will then be forwarded to City Council who will hear testimony from staff and the general public before casting a deciding vote.

Petitioner: _____

Representative: _____

DEPARTMENTAL USE ONLY

INITIAL PLANNING BOARD DATE: ____ / ____ / 20____

- **IF SENT TO LEGISLATIVE COMMITTEE**
  - **ASSIGNED LEGISLATIVE COMMITTEE: _____**
  - **LEGISLATIVE COMMITTEE MEMBERS: _____**
    _____
    _____
    _____
    _____
  - **DATE OF INITIAL COMMITTEE MEETING: ____ / ____ / 20____**
  - **DATE OF ADDITIONAL MEETINGS: ____ / ____ / 20____**
    ____ / ____ / 20____
  - **COMMITTEE RECOMMENDATION? _____**

- **PLANNING BOARD STATEMENT OF CONSISTENCY & RECOMMENDATION:**
  _____
  - **DATE OF RECOMMENDATION: ____ / ____ / 20____**
  - **VOTE: (_____)**
  - **ADDITIONAL INFORMATION FOR FILE:**
    _____
    _____
    _____
    _____

INITIAL CITY COUNCIL DATE: ____ / ____ / 20____

- **IF SENT TO COUNCIL COMMITTEE**
  - **COUNCIL COMMITTEE MEMBERS: _____**
    _____
  - **DATE OF INITIAL COMMITTEE MEETING: ____ / ____ / 20____**
  - **DATE OF ADDITIONAL MEETINGS: ____ / ____ / 20____**
    ____ / ____ / 20____
  - **COMMITTEE RECOMMENDATION? _____**

- **CITY COUNCIL STATEMENT OF CONSISTENCY & REASONABLENESS:**
  _____

- **DECISION: _____**
  - **DATE OF DECISION: ____ / ____ / 20____**
  - **VOTE: (_____)**
  - **ADDITIONAL INFORMATION FOR FILE:**
    _____
    _____
    _____
    _____