



## Conditional Zoning Map Amendment Checklist

So that we may efficiently review your project in a timely manner, it is important that all required documents and fees listed on the "Submittal Checklist" below are submitted with your application. One or more of the required documents may be waived due to the size of the parcel, the proposed use or the adequacy of existing infrastructure servicing the location. Submit digitals and 1 hard copy of applications and accompanying documents to the Planning Department at the address above.

### CONDITIONAL REZONING REQUEST

**Conditional Rezoning** – Request for an amendment to the Kannapolis Zoning Map.

*Approval authority – Planning and Zoning Commission.*

Requested Rezoning Property Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Proposed development: \_\_\_\_\_

### SUBMITTAL CHECKLIST

Pre-Application Meeting – send an email to [planreviewappointment@kannapolisnc.gov](mailto:planreviewappointment@kannapolisnc.gov)

Neighborhood Meeting (if required)

Zoning Map Amendment Checklist and Application – Complete with all required signatures

Preliminary Major Site Plan

PDF format on disc containing all documents rotated and formatted in sequential order based upon cover page

Fee: \$925.00 (\$600 Application Fee, \$300 Legal Notices and notification fee, # of property owners notified [see Fee Schedule])

### PROCESS INFORMATION

**Public Notification:** This is a legislative process that requires a public hearing and public notification including newspaper notice, first-class mailed notice to adjacent property owners and a sign posted prominently on the property (Section 3.1.5.1 of the UDO).

**Review Process:** All applications will be reviewed for compliance and then forwarded to the Planning and Zoning Commission for consideration at a public hearing which is held monthly on the 1<sup>st</sup> Wednesday at 6:00pm in City Hall Laureate Center. The application and all fees must be paid prior to scheduling the public hearing.

**Action by Planning and Zoning Commission:** After conducting a public hearing, the Commission may: deny the application; conduct an additional public hearing on the application; or approve the application with conditions.

**Scope of Approval:** An affirmative vote of three-fourths of the members present and not excused from voting, shall be necessary to approve a conditional rezoning request. The approval of a rezoning does not authorize development activity, but does authorize the application to apply for a final major site plan. Any final decision rendered by the Commission may be appealed within fifteen (15) days to the City Council.

**By signing below I acknowledge that I have reviewed the Submittal Checklist and have included the required submittal items and reviewed them for completeness and accuracy. I also acknowledge that my application will be rejected if incomplete.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Planning Department  
401 Laureate Way  
Kannapolis, NC 28081  
704.920.4350  
planningapps@kannapolisnc.gov

## CONDITIONAL ZONING MAP AMENDMENT APPLICATION

Approval authority – Planning and Zoning Commission

### Applicant Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Property Owner Contact Information same as applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Project Information

Project Address: \_\_\_\_\_

Parcel: \_\_\_\_\_ # of parcels: \_\_\_\_\_ Approx. size of parcels: \_\_\_\_\_  
(attach separate list if necessary)

Current Zoning Designation: \_\_\_\_\_ Requested Zoning Designation: \_\_\_\_\_

Reason for map amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition(s) proposed by the applicant (attach separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***By signing below, it is understood and acknowledged that if the property is conditionally rezoned as requested, the property involved in this request will be perpetually bound to the use(s) authorized and subject to such condition(s) as imposed, unless subsequently changed or amended as provided for in the Zoning Ordinance.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

### For Staff Use Only:

Filing Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Case #: \_\_\_\_\_

Date Received: \_\_\_\_\_