

## Zoning Map (Rezoning) Application

Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | [planning@rolesvillenc.gov](mailto:planning@rolesvillenc.gov)

Planning Department Home Page: [Official Town Webpage](#)

**Complete one form for each parcel identification number.**

APPLICATION INFORMATION:	
Site Address:	Site Area (in acres):
Rezoning Type: <input type="checkbox"/> General <input type="checkbox"/> Conditional	Total area requested to be rezoned (in acres):
Voluntary Annexation Application Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No   ANX-	Current Location: <input type="checkbox"/> County Limits <input type="checkbox"/> ETJ <input type="checkbox"/> Town Limits
Existing Zoning District:	<b>Proposed Zoning District(s):</b>
PIN:	Associated Previous Case(s):
Current Use(s):	Proposed Use(s):

APPLICATION REQUIREMENTS:	
<input type="checkbox"/> Complete Application and checklist.	<input type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner- See page 5.
<input type="checkbox"/> If the request is for a <i>Conditional District</i> per LDO Section 3.3. The submittal shall include a separate document listing the written Conditions of Approval, which may consist of exhibits, plans, maps, and other relevant materials. Provide a Date and space for revision Dates; this document will always be referenced, including its Date.	<input type="checkbox"/> A <b><u>Concept (nee site) Plan</u></b> * may be submitted, considered, and approved as part of a <i>Conditional District</i> request; it shall be incorporated into a written condition for “general compliance” upon future Development Application reviews and approvals. Provide a Date and space for revision Dates. See the Next page for details.
<input type="checkbox"/> Traffic Impact Analysis (TIA), ITE Trip Generation Letter, or a Letter/Email from Planning staff confirming that a TIA is not required. (LDO Section 8.C.5)	<input type="checkbox"/> * The Activity Center (AC) and Neighborhood Commercial (NC) zoning districts <b><u>require the submission of a Concept Plan (also known as a site plan) as</u></b> per LDO Sections 3.4.1 and 3.4.2.
<input type="checkbox"/> Legal Metes & Bounds	<input type="checkbox"/> Deeds with Book of Map & Page Number
<input type="checkbox"/> Sketch/Pre-submittal meeting held on: _____	<input type="checkbox"/> Meeting Notes submitted
<input type="checkbox"/> <b><i>Application Fee: An invoice for the application fee will be issued during the completeness check or after the application review.</i></b>	

Financially Responsible Party (*REQUIRED: Who will pay invoices related to this application?)	
Name: _____	Company Name: _____
Title: _____	Signature: _____
Mailing Address _____	City/State/Zip _____
Phone _____	Email _____

Property Owner (First name on Deed)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner (Second name on Deed or Spouse information required if applicable)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Point of Contact:    ☐ Owner   ☐ Agent   ☐ Applicant   ☐ Architect   ☐ Attorney   ☐ Engineer

Please add contact information if applicable.

**Agent** Name: \_\_\_\_\_ Title/ Firm \_\_\_\_\_

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

**Applicant** Name: \_\_\_\_\_ Title/ Firm \_\_\_\_\_

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

**Architect** Name: \_\_\_\_\_ Title/ Firm \_\_\_\_\_

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

**Attorney** Name: \_\_\_\_\_ Title/ Firm \_\_\_\_\_

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

**Engineer** Name: \_\_\_\_\_ Title/ Firm \_\_\_\_\_

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

**Owner** Name: \_\_\_\_\_ Title/ Firm \_\_\_\_\_

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

**Concept Plan Minimum Requirements ( Required for AC or NC Districts, Optional for Conditional Districts):**

- ☐ A vicinity map of the site, illustrating the boundaries of the site, the north arrow, and the scale reference
- ☐ Site Data Table: Typical Property Information (Property Legal Description, Acreage/Square Footage, etc.)
- ☐ \* If Commercial, include the square footage of the proposed building, use, or development, the approximate proposed Impervious Coverage, approximate parking calculations, and if it is a multi-family development, the number of Dwelling units, etc.
- ☐ \* If Residential - Number of proposed development lots (including by type of lot and use), density (proposed and permitted), and approximate parking calculations.
- ☐ \* Calculations for open space are required and provided.
- ☐ Existing and Proposed Use and Zoning District of the property and adjacent properties
- ☐ A drawing depicting the details provided above as a general concept of the development, including such details as –
  - Residential - Lot layout and a “typical” lot size/dimension exhibit.
  - Non-res/multifamily - Proposed building layout and/or general footprint locations.
  - Vehicular circulation / street layout including existing/proposed right-of-way widths (public, alley, private);
  - Pedestrian circulation, including general greenways, side paths, and bike lane locations.
  - General Utility access and points of connection/extensions,
  - Buffer Spaces (street and perimeter), open communal spaces, stormwater control measures, etc.
- ☐ Name, address, and contact information for the property owner and/or Applicant
- ☐ Name/information of the professional who created the Concept Plan
- ☐ Any other information requested by the Planning Department staff

**Rezoning Justification Statement – Complete the attached form**

Provide a **separate document** titled “Statement of Justification” (including Date) that addresses each/all the following:

1. Is the application consistent with the Comprehensive Plan, Community Transportation Plan, Bicycle and Greenway Plans, and any other adopted Town policy plans?
2. Does the application conflict with any provision of the LDO or the Town Code of Ordinances?
3. Does the application correct any errors in the existing zoning present when it was adopted?
4. Does the rezoning allow uses compatible with existing and permitted uses on surrounding land/properties?
5. Would the application ensure efficient development within the Town, including the capacity and safety of the street network, public facilities, and other similar considerations?
6. Would the application result in a logical and orderly development pattern?
7. Would the application result in adverse impacts on water, air, noise, stormwater management, wildlife, vegetation, wetlands, and the natural functioning of the environment?
8. If a **Conditional district** providing proposed Conditions of Approval, do they address and mitigate the impacts reasonably expected to be generated by the development or use of the property, can they reasonably be implemented, and can they be enforced for the subject property, and will they result in no more significant impact on adjacent properties or the community at large than would be expected to occur by the permitted uses and the minimum development standards of the corresponding General zoning district.

### Neighborhood Meeting- (Complete the attached form)

Per [LDO Section 2.2, Appendix A / 2.3.D., and 2.3.F Rezoning \(Zoning Map Amendment\)](#); and TA-23-01, all applicants **shall conduct a neighborhood meeting prior to any public hearing or review by the Planning Board and Board of Commissioners**. This meeting will enable the applicant to explain the proposed request and address the neighborhood's concerns. A summary of the meeting in the form of meeting notes or minutes, along with a list and contact information (as shown below) for all attendees and a list of property owners and Homeowners' Associations within 500 feet of the subject property as well as all property owners within 200 feet of any roadway improvements and/or utility improvements associated with an application (per Wake County tax records at the time of filing this application) as they are required to receive a Notification Letter regarding the Legislative Hearing before the Town Board of Commissioners (when scheduled).

Conditions of Approval – Provide a separate list of voluntary conditions proposed by the applicant to be signed upon presentation to the Town Board at the Legislative Hearing (if applicable).

Please visit the [Submittal Process webpage](#) for information on submission timing.

### Submission Packet Document Review- Please be sure to include the following:

#### Required documents to be submitted with the Application

<input type="checkbox"/> Complete Application	<input type="checkbox"/> Legal Metes and Bounds
<input type="checkbox"/> Concept Plan (if applicable)	<input type="checkbox"/> Property Owner Consent form(s)
<input type="checkbox"/> Conditional Zoning Proposed List (if applicable)	<input type="checkbox"/> Rezoning Boundary Survey with Total Area Requested and Zoning Districts labeled
<input type="checkbox"/> Deeds	<input type="checkbox"/> Rezoning Justification Statement
<input type="checkbox"/> Financial Responsible Party information	<input type="checkbox"/> Sketch Plan meeting notes (if applicable)

#### Required documents for Planning Board and/or Town Board meeting

<input type="checkbox"/> Neighborhood Meeting Information	<input type="checkbox"/> PowerPoint slides (or other digital media) to include in the Planning Board and Town Board Agenda Packets.
<input type="checkbox"/> Signed Proposed Conditions (for approval by the Town Board at Legislative Hearing)	



Town of Rolesville Planning Department  
Property Owner Consent & Authorization Form  
planning@rolesvillenc.gov

**Consent is required from the property owner(s) or legal representative. Unless otherwise specified, consent is valid for one year from the date of application.**

Please provide a separate form for each parcel number. For properties with multiple owners, each owner must complete an individual form. (A husband and wife may both sign and submit one form.)

Project/ Subdivision Name: \_\_\_\_\_

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

Parcel ID: \_\_\_\_\_ Deed Reference: \_\_\_\_\_

**Property Owner \*This field is required.**

1) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or print clearly.)

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or print clearly.) (spouse if applicable)

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

☐ Applicant ☐ P.O.A. ☐ Agent ☐ Legal Representative  
**Check all that apply.**

1) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or print clearly)

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

**By signing the above, I swear and affirm that I am the owner(s) or authorized representative as shown in the records of Wake County, North Carolina, which is the subject of this application. I further affirm that I am fully aware of the Town's application, fees, and procedural requirements and consent to this Application. I authorize the person(s) listed below to submit this Application and serve as the representative and point of contact for this Application.**



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Neighborhood Meeting Requirement Checklist:

	<p>1. a). Mail the required property notification letter to all property owners and Homeowners' Associations within 500 feet of the subject property, as well as all property owners within 200 feet of any roadway improvements and/or utility improvements associated with an application (per Wake County tax records at the time of filing this application).</p> <p>b) Mail a copy of the letter to the Town of Rolesville Planning Department, PO Box 250, Rolesville, NC 27571, to ensure compliance with <a href="#">LDO Appendix A- Handbook Section 2.3.D.</a></p>
	<p>2. Conduct the required meeting at a location within the Town of Rolesville.</p>
	<p>3. Mail or email <b>at least ten (10) days</b> before the Planning Board meeting a copy of the presentation, property owner with addresses notification list, list of attendees, meeting minutes, and any notes or questions from the meeting.</p>

Property Owner Notification List Example:

WAKE COUNTY PIN	NAME	MAILING ADDRESS	ZIP CODE



Town of Rolesville Planning Department  
Property Owner Consent & Authorization Form  
planning@rolesvillenc.gov

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Voluntary List of Proposed Conditions: (Please use additional pages as needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Property Owner (First name on Deed)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*A signature is required before submitting this list to the Town Board for approval at the Legislative Hearing.**

Property Owner (Second name on Deed)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*A signature is required before submitting this list to the Town Board for approval at the Legislative Hearing.**