

ORANGE COUNTY PLANNING DEPARTMENT
306-F REVERE ROAD
HILLSBOROUGH, NORTH CAROLINA 27278



**LAND USE PLAN AMENDMENT
APPLICATION**

All persons requesting an amendment to the Land Use Plan of Orange County are required to complete the following application as completely as possible:

OFFICE USE ONLY
REQUEST #LUP- - _____
DATE RECEIVED: _____
STAFF PERSON(S) RESPONSIBLE: _____

GENERAL DATA

Property Owner(s) Name: _____
Mailing Address: _____
Telephone: (Home) _____ (Work) _____
Agent(s) Name: _____
Mailing Address: _____
Telephone: _____

SPECIFIC DATA

Tax Reference: Township _____ Tax Map _____ Block _____ Lot _____
Public/Private Road Name: _____
Lot Size: Acreage: _____ Square Footage _____
Lot Frontage _____ Lot Depth _____
Current Plan Category Designation(s): General _____
Activity Node _____ Watershed _____
Joint Planning Area _____

SPECIFIC DATA (continued)

Request # LUP- -

Describe Land Uses in the General Area: _____

On Adjacent Parcels of Land: _____

REQUEST

Land Use Plan Category Designation(s) Requested: _____

Type of Amendment: Primary _____ Secondary _____

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This application should be submitted with the following materials:

_____ Fully dimensioned tax map on which is highlighted the parcel, or portion thereof, in question.

_____ Legal description of the parcel, or portion thereof.

_____ Letter of request to include:

- the tax reference, general location and owner of the parcel
- the current and requested land use plan category designation(s)
- a narrative stating the manner in which the proposed amendment will carry out the intent and purpose of the adopted comprehensive plan or part thereof
- a statement of any other circumstances, factors and reasons which the applicant offers in support of the proposed amendment
- statement of the changed or changing conditions in the area, or in the County generally, which make the proposed amendment reasonable necessary.

I (We), the undersigned, certify that all statements furnished in this application are true and to the best of my (our) knowledge and that the application as submitted is complete.

NAME OF APPLICANT

SIGNATURE OF APPLICANT(S)

DATE