



# TOWN OF BERMUDA RUN

120 Kinderton Blvd., Suite 100 • Bermuda Run, NC 27006 • Phone 336-998-0906 • Fax 336-998-7209

**Land Development Application-Please fill out completely, or application will not be processed.**

(updated 1/10/13)

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

1. Application Type		Board Review Items:		✓	Fee
Subdivision:	✓	Fee			
<i>Major Subdivision</i>			<b>Rezoning (Map Amendment)</b>		
Sketch Plan	<input type="checkbox"/>	_____	Standard Rezoning	<input type="checkbox"/>	_____
Preliminary Plat	<input type="checkbox"/>	_____	Conditional District Rezoning	<input type="checkbox"/>	_____
Construction Plans	<input type="checkbox"/>	_____	<b>Text Amendment</b>	<input type="checkbox"/>	_____
Final Plat	<input type="checkbox"/>	_____	<b>Special Use Permit</b>	<input type="checkbox"/>	_____
<i>Minor Subdivision</i>			<b>Design Waiver:</b>	<input type="checkbox"/>	_____
Final Plat	<input type="checkbox"/>	_____	<b>Other:</b> _____	<input type="checkbox"/>	_____
<b>Site Plans:</b>					
Level II Site Plan	<input type="checkbox"/>	_____			
					Fee Total _____

**2. Project Information**

Date of Application \_\_\_\_\_ Name of Project \_\_\_\_\_ Phase # \_\_\_\_\_

Location \_\_\_\_\_ Property Size (acres) \_\_\_\_\_ # of Units (residential) \_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Current Land Use \_\_\_\_\_ Proposed Land Use \_\_\_\_\_

Tax Parcel Number(s) \_\_\_\_\_

**3. Contact Information**

Developer \_\_\_\_\_

Developer Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Agent (Registered Engineer, Designer, Surveyor, etc.) _____	Property Owner _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Telephone _____ Fax _____	Telephone _____ Fax _____
Signature _____ Print Name _____ Date _____	Signature _____ Print Name _____ Date _____

**4. Description of Project**

**a. Briefly explain the nature of this request:**

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**b. For All Text Amendments:** State the section(s) of the Zoning or Subdivision Ordinance you wish to amend and attach the proposed text change. Section (s): \_\_\_\_\_ of the \_\_\_\_\_ Ordinance.

**c. For All Rezoning and Text Amendments:** Provide a statement regarding the consistency of this request with the Comprehensive Plan and the surrounding land uses.

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**d. For Conditional District Rezoning:** Provide a statement regarding the reasonableness of the rezoning request.

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**e. For Special Use Permits:** Please also fill out the supplemental form for Special Use Permits.

**Staff Use Only:**

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

Received By: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

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

Notes: \_\_\_\_\_

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