



REZONING PETITION

Official Use Only

P&Z #: _____
 Date Rec'd: _____
 Rec'd By: _____
 Amount Paid: \$ _____

Town of Shallotte • PO Box 2287, Shallotte, NC 28459 • 106 Cheers Street, Shallotte, NC 28470 • Phone: (910) 754-4032 • Fax: (910) 754-2740

All petitions for rezoning must be complete and accompanied by the application fee of **\$330.00** (150.00 plus a \$180.00 advertising fee), payable in cash or by check made to the Town of Shallotte. Applicants will also be responsible for any additional advertising costs, which will be billed at a later time. All fees must be paid in full before an application will be submitted for review by the Planning Board or Board of Aldermen. Applicants are responsible for attending all Planning Board and Board of Aldermen meetings where this application will be considered.

A rezoning is a change in the zoning of a tract of land. Rezonings are also known as map amendments and are amendments to the Unified Development Ordinance (UDO). Article 9 of the UDO describes the zoning districts within the Town's zoning jurisdiction. Article 10 identifies which uses are allowable in each zoning district and whether a use is permitted by right or as a conditional use. Article 4 describes the procedures for amending the UDO.

Project Name (if applicable): **Owen ventures, Inc parcel**

SECTION 1: APPLICANT INFORMATION

Petitioner Name:

Mailing Address: **118 Drake Road, Hampstead, NC 28443**

Phone: **9197991551**

Fax: **N/a**

Email: **krryn@gmail.com**

SECTION 2: PROPERTY OWNER INFORMATION (if different from above)

Owner Name(s): **Kerry Owen, Owen ventures, Inc**

Mailing Address: **118 Drake Rd, Hampstead, NC**

Phone: **9197991551**

Fax: **N/a**

Email: **krryn@gmail.com**

SECTION 3: PROPERTY INFORMATION

Street Address and/or Description of Location: **TR-P/O 2 1.46AC PL-17/88
Pine Lake Drive, Shallotte, NC**

Parcel Tax ID #(s): **2130003809**

Total Site Acres or Square Feet: **1.46
1.46 acres**

Current Zoning District(s):

Proposed Zoning District(s):

NOTE: If any portion of a proposed zoning district boundary does not follow an existing property line, the petition must include fifteen (15) 24" x 36" maps prepared by a licensed surveyor providing bearings and distances of such zoning district boundaries.

SECTION 4: LAND USE COMPATIBILITY ANALYSIS

Future Land Use Map designation:

Is the proposed zoning consistent with the Land Use Plan? ☒ YES ☐ NO

Please explain why the proposed zoning is or is not consistent with the Land Use Plan and other adopted plans (use additional sheets as necessary):

Do not know if the zoning was changed when the developer bought and developed the land to built a housing development. The 1.46 acres needs to be zoned R-10 on Pine Lake Drive.

SECTION 5: STATEMENT OF REASONABLENESS

Please describe why the proposed rezoning is reasonable, including how it is appropriate in relation to its surroundings and how it benefits the town and the neighboring properties (use additional sheets as necessary):

I want to continue what the developer built on that road and sub divide that 1.46 acres to be able to build several homes on that parcel.

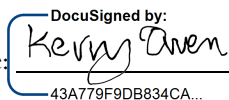
SECTION 6: SUPPLEMENTAL INFORMATION REQUIRED

Each rezoning petition use must include:

- ☐ An application fee of \$330.00 in cash or check made payable to the Town of Shallotte.
- ☐ If any portion of a proposed zoning district boundary does not follow an existing property line, the petition must include three (3) paper maps and one (1) digital copy (PDF, CAD, or GIS file) prepared by a licensed surveyor providing bearings and distances of such zoning district boundaries.
- ☐ A notarized letter of authorization, if acting as the agent for the property owner(s).

SECTION 7: APPLICANT/OWNER SIGNATURE

In filing this Rezoning Petition, I hereby certify that I am authorized to submit this application and that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Signature:  43A779F9DB834CA...

Date: 8/11/2026

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Planning Board Hearing Date: _____ Recommendation: _____ Staff: _____

Board of Aldermen Hearing Date: _____ Action: _____ Staff: _____