

## **City of Trinity Rezoning Request Application**

The undersigned does herby respectfully make application and request to the City of Trinity to amend the Zoning Ordinance and change the Official Zoning Map of the city as hereinafter requested, and in support of this application the following facts are shown:

Zoning:	Current Zoning K-40 Requested Zoning M2-CD
	Conditional Zoning: CD for Outdoor Storage
Property	Owner Information: Property Owner: Tracy Mahan  Address: 2019 Kenedy Ad  City: Thomasville State: NC Zip: 27360
	Address: 2019 Krackey Rd
	City: Thomas will State: NC Zip: 27360
	Phone: (home/work) (cell) 336-250-79/6
Applican	t Information (note: must show proof as to legally representing property owner):  Applicant:
	Address: 2019 Kennedy Rd
	City: Thomasvill State: NC Zip: 27360
	Applicant: Traly Mahan  Address: 2019 Klanday Rd  City: Thomasvill State: NC Zip: 27360  Phone: (home/work) (cell) 336-250-79/
	rmation: 6 19866 1434
	Property Address: No Add/255
	Deed Book: 002876 Page: 0083/
	Area: 2.33 acres
Are there	any structures currently on the property to be rezoned? yes no
	tures:
What is th	ne current land use on the property to be rezoned (i.e. commercial, residential, farming,
	c.)? Va cant
What curi	rent land uses and zoning are adjacent to the property to be rezoned?
North: Zo	oning Land Use
South: Zo	oning R-40 Land Use
East: Zo	ningR - 40 Land Use
West: Zo	<i>// // -</i> 7

Conditions if requesting Conditional Zoning:  Property to be reach and surelead as  per note 4.
per note 4.
If the property is rezoned, it is understood by all, that development must conform to the minimum requirements of the City of Trinity Zoning Ordinance and all other development ordinances of the City and of Randolph County.
Deadline for rezoning applications is the first Monday of each month. Incomplete applications will be scheduled for hearing the following month. Fee: \$600.00
Staff Notes:  Mr. Mahan already paid. Staff made an  ellor in requested zoning.
ellos in requested zoning.
Tracy Mahon I 211
Tracy Mahon (hame of applicant)  (signature of applicant)  4-1 (-7 4)
and 11 4-26-74
(signalare of Zoning Administrator) (date)
Office Use
Date Received: 4-26-24
Fees Paid: N/A
Staff Review:
Planning Board Review:
City Council Review: