



City of Trinity Rezoning Request Application

The undersigned does hereby 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 RA Requested Zoning M1-C2

Conditional Zoning: _____

Property Owner Information:

Property Owner: Naimel Rodriguez Parra
Address: 7102 Chanterelle Dr
City: High Point State: NC Zip: 27263
Phone: (home/work) _____ (cell) 336-847-9195

Applicant Information (note: must show proof as to legally representing property owner):

Applicant: Naimel Rodriguez Parra
Address: 7102 Chanterelle Dr
City: High Point State: NC Zip: 27263
Phone: (home/work) _____ (cell) 336-847-9195

Site Information:

PIN # 6798742704
Property Address: O mendenhall rd
Deed Book: 002964 Page: 01548
Area: 14.119 Acres

Are there any structures currently on the property to be rezoned? ☒ yes ☐ no

List structures: a shed for storage

What is the current land use on the property to be rezoned (i.e. commercial, residential, farming, vacant etc.)? Parking

What current land uses and zoning are adjacent to the property to be rezoned?

North: Zoning	<u>M1</u>	Land Use	<u>truck parking / shop</u>
South: Zoning	<u>RA</u>	Land Use	<u>House</u>
East: Zoning	<u>RA</u>	Land Use	<u>Mechanic shop Forrest</u>
West: Zoning	<u>RA</u>	Land Use	<u>House / Parking trailers</u>

Conditions if requesting Conditional Zoning:

Screened fencing as required by Ordinance
Mon - Sat 8-5pm
Repair of semi trucks, storage while being
worked

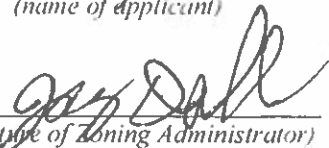
If the property is rezoned, it is understood by all, that development must conform to the minimum requirements of the City of Trinity Zoning Ordinance and all other development ordinances of the City and of Randolph County.

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:

Naimel Rodriguez Parra
(name of applicant)


(signature of applicant)


(signature of Zoning Administrator)

(date)

Office Use

Date Received: _____

Fees Paid: _____

Staff Review: _____

Planning Board Review: _____

City Council Review: _____