

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 R -40	Requested 2	Zoning M-	outdoor storage
	Conditional Zoning:			
Property	Owner Information: Property Owner:	y Mahan		
	Address: 2019 Ken	inedy RD		
	City: Thomasville	•		
	Phone: (home/work)		(cell) 336-25	7916
Applican	nt Information (note: must some	Mahan		
	Address: 2019 Ken	inedy RD		
	City: Thomasville			-
	Phone: (home/work)		_(cell) <u>336-25</u> 0	1-17916
Site Info	PIN# 679866143			
	Property Address: No	Physical Ad	dress	
	Deed Book: <u>002876</u>		0831	
	Area: Trinity			
Are there	any structures currently on	the property to be re	zoned? yes	V no
	etures:			
What is t	he current land use on the pr	ronerty to be rezoned	l (i e commercial re	sidential farming
	c.)? Vacant	operty to our telemen	. (,	
vacant or	c.). Vacan 1			-
What cur	rent land uses and zoning ar	e adjacent to the pro	perty to be rezoned?	
North: Zo	oning M2	Land Use		
South: Zo		Land Use		
East: Zo		Land Use		
West: Zo	ΛΛ Λ	Land Use		

Conditions if requesting Conditional Zoni	ing:
	I by all, that development must conform to the nity Zoning Ordinance and all other development county.
Deadline for rezoning applications is that applications will be scheduled for heari	ne first Monday of each month. Incomplete ing the following month. Fee: \$600.00
Staff Notes:	
Tracy Mahan	Tracy Molecus (signature of applicant)
Tracy Mahan (name of applicant) My Dall	2-23-24
(signature of Zoning Administrator)	(date)
Date Received: ABD	ffice Use
Fees Paid:	·
Staff Review: Wyth V	
Planning Board Review:	
City Council Review:	· ·
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