



# 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 R-40 Requested Zoning HC Special Use permit  
Conditional Zoning: \_\_\_\_\_

**Property Owner Information:**

Property Owner: Alejandro Robles Monica Ponce  
Address: 6953 Quarter Horse Dr.  
City: Trinity State: NC Zip: 27370  
Phone: (home/work) 336969 1179 (cell) \_\_\_\_\_  
monicaponce88@gmail.com

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

Applicant: Alejandro Robles  
Address: 6953 Quarter Horse Dr.  
City: Trinity State: NC Zip: 27370  
Phone: (home/work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Site Information:**

PIN # 7708323929  
Property Address: 0 Surrett Dr.  
Deed Book: 002872 Page: 00255  
Area: .67 acres

Are there any structures currently on the property to be rezoned? \_\_\_\_\_ yes  no

List structures: \_\_\_\_\_

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

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

North: Zoning	<u>R-40</u>	Land Use	<u>Vacant</u>
South: Zoning	<u>R-40</u>	Land Use	<u>Vacant</u>
East: Zoning	<u>R-40</u>	Land Use	<u>Vacant</u>
West: Zoning	<u>R-40</u>	Land Use	<u>Vacant</u>

Conditions if requesting Conditional Zoning:

N/A

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:**

Alejandro Robles  
*(name of applicant)*

Alejandro Robles  
*(signature of applicant)*

*(signature of Zoning Administrator)*

*(date)*

**Office Use**

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

Fees Paid: \_\_\_\_\_

Staff Review: \_\_\_\_\_

Planning Board Review: \_\_\_\_\_

City Council Review: \_\_\_\_\_