



### 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 BA Requested Zoning R-20

Conditional Zoning: \_\_\_\_\_

**Property Owner Information:**

Property Owner: Jonathan & Kelly Stunda  
Address: 8900 Salute St  
City: Raleigh State: NC Zip: 27615  
Phone: (home/work) \_\_\_\_\_ (cell) 919-368-0083

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

Applicant: Bobby Earnhardt  
Address: 1825 Mountain Meadow Dr  
City: Asheboro State: NC Zip: 27205  
Phone: (home/work) \_\_\_\_\_ (cell) 336-215-3024

**Site Information:**

PIN # 7707-67-3796  
Property Address: 0 Merle Dr. Trinity, NC 27370  
Deed Book: 1751 Page: 1004  
Area: \_\_\_\_\_

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.)? residential

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

North: Zoning	<u>BA</u>	Land Use	<u>Residential</u>
South: Zoning	<u>BA</u>	Land Use	<u>Residential</u>
East: Zoning	<u>BA</u>	Land Use	<u>Residential</u>
West: Zoning	<u>BA</u>	Land Use	<u>Residential</u>

Conditions if requesting Conditional Zoning:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_

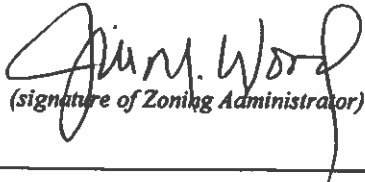
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\_\_\_\_\_

Jonathan C Stunda

(name of applicant)

  
(signature of Zoning Administrator)

Signed by:



(signature of applicant)

2/11/2025 | 07:22 CST

(date)

**Office Use**

Date Received:

Fees Paid:

Staff Review:

Planning Board Review:

City Council Review: