



City of Trinity
Rezoning Request Application

The undersigned does hereby respectfully make an application and request that the City of Trinity amend the Official Zoning Map as hereinafter requested, and in support of this application the following facts are shown:

Zoning: Current Zoning HCCZ Requested Zoning ~~R-10~~ RR
Conditional:

Property Owner Information

Property Owner: Monica Ponce - Alejandro Robles
Address: 6953 Quarter Horse dr.
City: Trinity State: NC Zip: 27370
Phone: 336 964 1179

Site Information

PIN # 7708323924
Property Address: Surrett Dr.
Deed Book: 002872 Page: 00255
Area: .67
Parcel Map: Site Plan:

Applicant Information

Applicant: Monica Ponce - Alejandro Robles
Address: 6953 Quarter Horse dr.
City: Trinity State: NC Zip: 27370
Phone: 336-964-1179

Statement of Conditions:

<p>The property owner wishes to return the property to residential zoning in order to build a house.</p>

Note: Information and Fee Required from Applicant and Processing of Information is \$600 (Six Hundred Dollars): Applicants must present the following information as required by Article 4.3 of the Land Management Ordinance:

1. A completed City of Trinity rezoning application, signed by the property owner, to include required fees;
2. An accurate survey of the property(ies) to be rezoned ;
3. A deed(s) or legal description which establishes ownership of all properties proposed for rezoning;
4. If the proposed zoning boundary splits an existing parcel a metes and bounds description shall be required in addition to the survey, and;
5. Submittals for rezoning requests expected to generate 100 trips during peak hours or 1,000 average daily trips shall include a Traffic Impact Analysis prepared by a licensed traffic engineer; and,
6. A rezoning fee established by the City Council shall be required. Processing of zoning amendment applications shall begin within ninety (90) days from submission to the City Clerk. However, this requirement is not intended to prevent the Planning Board or City Council from delaying action after review by either body. If more than one tract or parcel is being sought for rezoning at the same time by a single applicant, each parcel having a different zone shall constitute a separate rezoning request.

Monica Ponce

Name of Applicant*

Monica Ponce

Signature of Applicant

9-8-2025

Date

Monica Ponce

Name of Property Owner

Monica Ponce

Signature of Property Owner/Authorized Agent

9-8-2025

Date

Office Use

Date Received: _____

Application #: _____

Staff Review: _____

Comments

Planning Board Review: _____

City Council Review: _____

Ponce Rezoning Request



Disclaimer: This map was compiled from recorded deeds, plats, and other public records and data. Users of this data are hereby notified that the aforementioned public information sources should be consulted for verification of the information. Randolph County, its agents and employees make no warranty as to the accuracy of the information on this map.

Map Scale
1 inch = 71 feet
9/12/2025