

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	Zoning M-	outdoor storage
	Conditional Zoning:			
Property	Owner Information: Property Owner:	y Mahan		
	Address: 2019 Ken	nedy RD		
	City: Thomasville	•		
	Phone: (home/work)		(cell) <u>336-25</u> 6	7-7916
Applican	at Information (note: must s Applicant: Tracy	Wahan		
	Address: 2019 Ken	,		
	City: Thomasville			-
	Phone: (home/work)		(cell) <u>336-250</u>	0-17916
Site Info	PIN# 6798661430			
	Property Address:			
	Deed Book: <u>002876</u>		00831	
	Area: Trinity			
Are there	any structures currently on	the property to be re	ezoned? yes	V no
	tures:			
What is th	he current land use on the pr	onarty to be rezona	d (i e commercial re	esidential farming
	c.)? Vacant	operty to be rezoned	a (i.e. commercial, ic	sidential, lamming,
vacant en	VACAN I			
What curr	rent land uses and zoning are	e adjacent to the pro	operty to be rezoned?	
North: Zo	oning M2	Land Use		
South: Zo				
East: Zo				
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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