



# TOWN OF TRYON

301 North Trade Street Tryon, NC 28782 • 828-859-6654 • Fax 828-859-6653

## Land Development Application

Case #: \_\_\_\_\_

### 1. Application Type

<b>Subdivision:</b>	<input checked="" type="checkbox"/>	Fee	<b>Site Plans:</b>	<input checked="" type="checkbox"/>	Fee
<i>Major Subdivision</i>			Major Site Plan (Planning Board)	<input type="checkbox"/>	_____
Sketch Plan	<input type="checkbox"/>	_____	Minor Site Plan (Administrative)	<input type="checkbox"/>	_____
Preliminary Plat	<input type="checkbox"/>	_____			
Construction Plans	<input type="checkbox"/>	_____	<b>Text Amendment:</b>	<input type="checkbox"/>	_____
Final Plat	<input type="checkbox"/>	_____			
<i>Minor Subdivision</i>			<b>Conditional Use Permit</b>	<input type="checkbox"/>	_____
Final Plat	<input type="checkbox"/>	_____			
<b>Rezoning (Map Amendment):</b>			<b>Other:</b> _____	<input type="checkbox"/>	_____
Standard Rezoning	<input type="checkbox"/>	_____			
Conditional Use District Rezoning	<input type="checkbox"/>	_____			
					Fee Total _____

### 2. Project Information

Date of Application \_\_\_\_\_ Name of Project \_\_\_\_\_ Phase # \_\_\_\_\_

Location \_\_\_\_\_ Property Size (acres) \_\_\_\_\_ # of Units (residential) \_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Current Land Use \_\_\_\_\_ Proposed Land Use \_\_\_\_\_

Tax Parcel Number(s) \_\_\_\_\_

### 3. Contact Information

\_\_\_\_\_  
Developer

\_\_\_\_\_  
Developer Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Registered Engineer, Designer, Surveyor, etc.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**4. Description of Project**

a. Briefly explain the nature of this request.

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b. For All Rezoning: Provide a statement regarding the consistency of this request with Town Plans and the surrounding land uses.

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c. For Conditional Use District Rezoning: Provide a statement regarding the reasonableness of the rezoning request.

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**Staff Use Only:**

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

Received By: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Case #: \_\_\_\_\_

Notes: \_\_\_\_\_

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