

405 County Complex Rd.
Clinton NC 28328
Inspection: 910-592-0146
Planning: 910-631-1039
Fax: 910-596-0773



Hours of Operation:
Mon-Thurs. 7AM-5:30PM

Sampson County Inspection and Planning Department

CONDITIONAL REZONING APPLICATION

A conditional rezoning is different from a straight rezoning in the fact that specific conditions and certain land uses are permitted under the conditional zoning district. A conditional rezoning is a rezoning that is proposed for a specific use and an application must be accompanied by a site-specific site plan for that specific use being proposed. The site plan must conform with the site plan requirements outlined in the Sampson County Zoning Ordinance.

Proposed conditions must be clearly outlined in the application and the conditions must mutually be agreed upon between the applicant and the Board of Commissioners. The Board of Commissioners may impose conditions or requirements authorized by otherwise applicable law. Sampson County requires that a conditional rezoning application include consent from all property owners who have a parcel that is involved in the conditional rezoning. Complete application submittals are due by 5:30 PM on submittal day **(PLEASE SEE THE ATTACHED SUBMITTAL SCHEDULE)**. The application fee is **\$300**. This application may only be withdrawn by written request from the applicant or property owner. If such a request is received prior to submission of the public hearing notice to the newspaper, the filing fees may be returned. Filing fees will not be refunded after submission of public hearing notice to the newspaper. After submission of public hearing notice to the newspaper, an application may only be withdrawn by action of the Planning Board or Board of Commissioners at the public hearing.

Sampson County is required by law to provide notice of the proposed conditional rezoning to adjacent property owners as well as the newspaper and post a sign on the parcel that is proposed to be rezoned.

DATE SUBMITTED: _____

PLEASE BE AWARE THAT YOU ARE NOT GUARANTEED TO HAVE YOUR APPLICATION HEARD ON THE BOARD OF COMMISSIONERS DATE LISTED IN THE CORRESPONDING COLUMN WITH YOUR SUBMITAL DATE. CERTAIN CIRCUMSTANCES MAY REQUIRE THE APPLICATION TO BE HEARD AT A LATER DATE THAN LISTED.

SUBJECT PROPERTY INFORMATION

TOTAL PARCEL SIZE: _____

ADDRESS: _____

TOWN: _____

PARCEL #: _____

DEED BOOK & PAGE #

PROJECT NAME: _____

CURRENT ZONING DISTRICT: _____

PROPOSED ZONING DISTRICT: _____

LAND USE CLASSIFICATION: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

If the applicant is not the property owner, a written signed statement from the property owner must be included giving consent for the proposed Rezoning.

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SURVEYOR/ENGINEER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

QUESTIONS

The applicant must answer all questions with **complete sentence responses**. “Yes” or “No” answers **WILL NOT BE ACCEPTED**. If the questions do not have **adequate explanation in complete sentences** the application will be considered incomplete and returned to the applicant. The Planning Board will consider the applicants response to each question as a basis in establishing their formal recommendation to the Board of Commissioners.

- 1.) Will the proposal place all property similarly situated in the area in the same category, or in appropriate complementary categories?

2.) Will all uses permitted under the proposed conditional zoning district be in the general public interest and not solely in the interest of an individual or a small group?

3.) Will all uses permitted under the new proposed conditional zoning district be appropriate for the area included in the proposed rezoning?

4.) Will the character of the neighborhood be materially or adversely affected by any uses included in the proposed new zoning district?

5.) Will the proposed conditional rezoning be consistent with the Sampson County Land Use Plan?

PROPOSED USES IN CONDITIONAL ZONING DISTRICT

In the space below, please provide a description that includes the purpose of the district, project description/background, and a list of the proposed uses to be allowed in the district.

ADDITIONAL CONDITIONS AND REQUIREMENTS

In the space below, please provide any additional conditions that you as the applicant would like to propose for the conditional zoning district. Staff, Planning Board, and the Board of Commissioners, may also propose conditions in addition to the ones you list below during the review process.

SIGNATURE

I, _____ the undersigned applicant, do hereby certify that to the best of my knowledge and belief all information supplied in and with the application is true and accurate.

APPLICANT SIGNATURE: _____

DATE: _____

2023 SUBMITTAL SCHEDULE

SUBMITTAL DATE	PLANNING BOARD	BOARD OF COMMISSIONERS
December 12 th	January 10 th (Tuesday night)	February 6 th
January 4 th	February 13 th	March 6 th
February 1 st	March 13 th	April 3 rd
March 1 st	April 10 th	May 1 st
April 5 th	May 8 th	June 5 th
May 3 rd	June 12 th	July 10 th
June 7 th	July 11 th	August 7 th
July 5 th	August 14 th	September 11 th
August 2 nd	September 12 th (Tuesday night)	October 2 nd
September 6 th	October 9 th	November 6 th
October 4 th	November 13 th	December 4 th
November 1 st	December 11 th	TBA Pending Release of the 2024 BOC Calendar