



Zoning Map Amendment Application

OFFICIAL USE ONLY:

Case Number: _____
Date Filed: _____
Gate Keeper: _____
Amount Paid: _____

Contact Information

APPLICANT:

Name: Ashbrook Estates, LLC
Address: P.O. Box 85
Moyock, NC 27958
Telephone: 252-435-2531
E-Mail Address: stuartinnes1@gmail.com

PROPERTY OWNER:

Name: Same
Address: _____
Telephone: _____
E-Mail Address: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: Property Owner

Property Information

Physical Street Address: * Maple Road
Location: West side of Maple Road, 0.17 miles south of Sky Vista Drive.
Parcel Identification Number(s): 005200000120000
Total Parcel(s) Acreage: 130.73
Existing Land Use of Property: Agriculture

Request

Current Zoning of Property: AG Proposed Zoning District: MXR
Total Acreage for Rezoning: 130.73 Are you rezoning the entire parcel(s): Yes/No
Metes and Bounds Description Provided: Yes/No

Community Meeting, If Applicable

Date Meeting Held: June 29, 2022 Meeting Location: COA Maple Campus

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

[Signature]
Property Owner(s)/Applicant*

7/20/22
Date

***NOTE: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants a signature is required for each.**