



# LEWISVILLE PLANNING DEPARTMENT

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## REZONING APPLICATION (ZONING MAP AMENDMENT APPLICATION)

Application Date \_\_\_\_\_  
Property Address \_\_\_\_\_  
Tax PIN(s) \_\_\_\_\_  
Existing Zoning \_\_\_\_\_  
Proposed Zoning \_\_\_\_\_  
Acreage Requested for Rezoning \_\_\_\_\_

**Owner(s)** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ email \_\_\_\_\_

**Applicant(s) (if different)** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ email \_\_\_\_\_

I, \_\_\_\_\_, **owner (trustee, executor, etc.)** of the property denoted by Forsyth County Tax PIN(s) \_\_\_\_\_, request that the property be granted a rezoning from \_\_\_\_\_ to \_\_\_\_\_. I understand that this general use rezoning is permanent and will run with the land. I feel this will serve my best interests.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Staff Signature

File# \_\_\_\_\_  
Fee Paid \_\_\_\_\_