

Rowan County Department of Planning & Development 402 N. Main Street Suite 204 Salisbury, NC 28144 Phone (704) 216-8588 Fax (704) 638-3130 www.rowancountync.gov

Case #	z 06-20
Date Filed	10-19-20
Received By	5A5
Amount Paid	\$ 300 cash

Office Use Only

Energou Z-014804-2020

REZONING APPLICATION
OWNERSHIP INFORMATION:
Name: NENGTOU VUE
Name: NENGTON VUE Signature: Planester
Phone: 704) 139 8739 Email: Address: 5870 (WILD WOOD DRIVE Salis Bury NC28146
APPLICANT / AGENT INFORMATION: Complete affidavit on back if non-owner
Name: Same As Owner Signature: Length
Signature: / Lengle
Phone: 704) 239.873 Email: Address: 710 N Salisbury NE Spencer rec 2759
Address: 710 NSqLiSbury AVE SPENCEN NC 2959
PROPERTY DETAILS:
Tax Parcel(s):
Property Location: 5870 WILD WOOD DAITE
Current Land Use: \( \frac{\gcan}{}
Date Acquired:/o -/ - 2020 Deed Reference: Book Page
REQUEST DETAILS:
Existing Zoning District Requested Zoning District
If requesting a conditional zoning district, list proposed use or uses:
Additional information enclosed restricting the conditional use district? Yes No
Additional information enclosed restricting the conditional use district? Yes No
Site plan containing information from sec. 21-52 enclosed? Yes No

AFFADAVIT OF OWNER

To be completed if applicant is not the property owner

I (We),	, owner(s	s) of the within described
property do hereby request th	ne proposed rezoning and hereby author	orize the person listed below
to act as my (our) duly author	rized agent in this matter.	
Signature(s):		
Date:		
Address:		
Phone Number:		
APPLICANT(S) / AGENT(S) CONSIDERED AND REVII WITH THE ABOVE NAME OWNER'S AGENT.	LL PARTIES HERETO INCLUDING S) THAT WHILE THIS APPLICATIO EWED, THE BURDEN OF PROVIDIN ED APPLICANT WHETHER OWNER	N WILL BE CAREFULLY NG ITS NEED RESTS R, NON-OWNERS, OR
	COUNTY OF	
Ι,	, a Notary Public for said	County and State, do hereby
certify that	personally appea	red before me this day and
	ion of the foregoing instrument.	SEAL
My commission expires	, 20	
	OFFICIAL USE ONLY	
Signature of Rezoning Coordina	3. Notifications Mailed: 11 / 9 / 20	2. Planning Board
	d Action: Approved Denied	
	Notifications Mailed:/ 8.	
	sed: 1 <sup>st</sup> / / 2 <sup>nd</sup> / / Applicant Notified:/ /	
Demed 11. Date	represent trouties.	