



TOWN OF TRYON

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

Land Development Application

Case #: _____

1. Application Type

| | | | | | |
|-----------------------------------|-------------------------------------|-------|----------------------------------|-------------------------------------|-----------------|
| Subdivision: | <input checked="" type="checkbox"/> | Fee | Site Plans: | <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"/> | _____ | Text Amendment: | <input type="checkbox"/> | _____ |
| Final Plat | <input type="checkbox"/> | _____ | | | |
| <i>Minor Subdivision</i> | | | Conditional Use Permit | <input type="checkbox"/> | _____ |
| Final Plat | <input type="checkbox"/> | _____ | | | |
| Rezoning (Map Amendment): | | | Other: _____ | <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.

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

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

Staff Use Only:

Date Application Received: _____

Received By: _____

Fee Paid: \$ _____

Case #: _____

Notes: _____
