



Hoke COUNTY PLANNING & ZONING
 Post Office Box 1556-423 E. Central Avenue
 Raeford, NC 28376
 910-875-8407 – Fax 910-875-1072

Application for Rezoning

Permit # RZ- _____

Date: _____

Fee: \$250.00

PIN(s) # _____

ADDRESS: _____

TOWNSHIP: _____

SUBDIVISION AND LOT # _____

FRONTAGE: _____ DEPTH: _____ ACREAGE _____

CURRENT ZONING: _____

PROPOSED ZONING: _____

I, the undersigned, do hereby make application to and petition the Hoke County Planning Board and Board of Commissioners to change the zoning map of the Hoke County as requested herein. In support of this application, the following facts are presented above.

LANDOWNER INFORMATION

APPLICANT INFORMATION

Name: _____

Name: _____

Signature: _____

Signature: _____

City, State, Zip: _____

City, State, Zip: _____

Contact Number: _____

Contact Number: _____

PLANNING BOARD MEETING (7:00PM) _____

BOARD OF COMMISSIONERS (7:00PM) _____

STAMPED LEGAL ENVELOPES NEEDED: _____