



TOWN OF BRIDGETON
Property Rezoning Application

Name..: _____

Address: _____ City: _____ St: NC 28519

Please note: The Site Address must be visible from the street.

Phone Number: _____ Email: _____

Current Zoning: Circle: R-5 W-R B-R H-C W-C Ind MHOD AGR

Requested Zoning: Circle: R-5 W-R B-R H-C W-C Ind MHOD AGR

Flood Zone: _____ Panel Number: _____

For assistance with obtaining your zone and panel number panel number visit: <https://fris.nc.gov>

Description of Lot: _____

APPLICANT CERTIFICATION:

ALL fields must be completed and signed

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

Planning Board Chairperson: _____ Date: _____

Town of Bridgeton Mayor: _____ Date: _____

202 North B Street - Bridgeton, NC 28519

Phone: 252 637-3697

Email: planningandzoning@townofbridgeton.org