



COUNTY OF RANDOLPH
 Department of Planning & Development
 204 E Academy St • Asheboro NC 27203

APPLICATION FOR GROWTH MANAGEMENT AREA CHANGE

Date: _____
 Parcel number: _____
 Application number: _____

Job contact name: _____
 Job contact phone number: _____
 Job contact e-mail: _____

Owner: _____
 Address: _____
 City, ST ZIP: _____

Applicant: _____
 Applicant Address: _____
 City, ST ZIP: _____

LOCATION INFORMATION:

Township: _____ Subdivision name: _____
 Subdivision lot #: _____
 Address: _____

DEED INFORMATION:

Date recorded: _____ Deed acreage: _____

ZONING INFORMATION:

Zoning District(s): _____
 Growth Management Area(s): _____
 Specialty District: _____
 Watershed Name: _____
 Flood Map #: _____
 Class A Flood Plain On Prop? _____

REQUESTED CHANGE:

Area to be changed: _____
 Existing Growth Management Area: _____
 Proposed Growth Management Area: _____

The undersigned owner/applicants do hereby make an application for a GROWTH MANAGEMENT AREA CHANGE as allowed by the Randolph County Zoning Ordinance and the Growth Management Plan.

 Signature of Owner

 Date

 Signature of Applicant

 Date

Please e-mail the signed and completed form to
planning@randolphcountync.gov.

LOCAL TELEPHONE NUMBER
 Asheboro: (336) 318-6555
<http://www.randolphcountync.gov>