



APPLICATION FOR CONDITIONAL REZONING MAP AMENDMENT

PART 1. DESCRIPTION OF REQUEST/PROPERTY		
Street Address of the Property: 1620 N Arendel Ave.		Acreage: 1.1117
Parcel Identification Number (NC PIN): 1796922199	Deed Book: 002050	Deed Page(s): 00630
Existing Zoning of the Property: R2	Proposed Zoning of the Property: Heavy Commercial (HC)	
Existing Use of the Property: Residential	Proposed Use of the Property: Veterinary Clinic	
Reason for Conditional Rezoning: The proposed use, Veterinary Clinic, is consistent with the Town's Future Land Use Map which designates the property as General Commercial. The site has excellent access and great visibility. The proposed change will allow a growing veterinary clinic to expand to accommodate the needs of the Zebulon community.		

PART 2. APPLICANT/AGENT INFORMATION		
Name of Applicant/Agent: DVM Services Realty LLC c/o Brian Wood		
Street Address of Applicant/Agent: 325 Nash Street E		
City: Wilson	State: NC	Zip Code: 27893
Email of Applicant/Agent: brianwood@thevetspets.com	Telephone Number of Applicant/Agent: (252) 237-1375	Fax Number of Applicant/Agent:
Are you the owner of the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you the owner's agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Note: If you are not the owner of the property, you <u>must</u> obtain the Owner's consent and signature giving you permission to submit this application.

PART 3. PROPERTY OWNER INFORMATION		
Name of Property Owner: Julia M Hicks		
Street Address of Property Owner: PO Box 576		
City: Zebulon	State: NC	Zip Code: 27597-0576
Email of Property Owner: dallas@dallaspearcerealty.com	Telephone Number of Property Owner: 919-931-6752	Fax Number of Property Owner:
<i>I hereby state that the facts related in this application and any documents submitted herewith are complete, true, correct, and accurate to the best of my knowledge.</i>		
Signature of Applicant: 	Print Name: Brian Wood	Date: 5/31/2023
Signature of Owner: 	Print Name: Juliah M. Hicks	Date: 5/31/2023



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OWNER'S CONSENT FORM

Name of Project: Zebulon Animal Hospital Submittal Date: June 1, 2023

OWNER'S AUTHORIZATION

I hereby give CONSENT to Brian Wood, DVM Services, LLC (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application(s) indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify I have full knowledge the property I have an ownership interest in is the subject of this application. I acknowledge and agree that pursuant to Section 2.2.6 M. of the Town of Zebulon Unified Development Ordinance, that lands subject to a conditional rezoning shall be subject to all the standards, conditions, and plans approved as part of that application. These standards, plans, and approved conditions are perpetually binding on the land as an amendment to this Ordinance and the Official Zoning Map and may only be changed in accordance with the procedures established in this Ordinance. Development located outside the Town of Zebulon's corporate limits shall comply with all Town policies related to annexation and the extension of utilities. I understand that all other applicable standards and regulations of the UDO will remain applicable to the subject lands unless specifically listed as conditions or deviations as part of this request. I understand that any false, inaccurate or incomplete information provided by me, or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Zebulon to publish, copy, or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

Julia Maxine Hicks JULIA MAXINE HICKS 5-30-23
Signature of Owner *Print Name* *Date*

CERTIFICATION OF PROPERTY OWNER

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Zebulon, North Carolina, and will not be returned.

Julia Maxine Hicks JULIA MAXINE HICKS 5-30-23
Signature of Owner *Print Name* *Date*

*Owner of record as shown by the Wake County Revenue Department (www.wakegov.com). An option to purchase does not constitute ownership. If ownership has been recently transferred, a copy of the deed must accompany this form.