



**TOWN OF ELON
RECLASSIFICATION**

APPLICANT INFORMATION

Name of Applicant/Property Owner: _____

Date Request Submitted: _____ Property Owner Signature: _____

Parcel ID: _____ Street Address: _____

Current Classification: _____

Type of Use: _____

New Classification: _____

Type of Use: _____

Description of Use Requested:

Date of Planning Board Meeting: _____

Date of Public Hearing before the Board of Aldermen: _____

Date of Vote for Approval or Denial before the Board of Aldermen: _____

ACTION BY THE BOARD OF ALDERMEN:

Having heard all the evidence and arguments presented at the public hearing, the Board of Aldermen of the Town of Elon finds that the foregoing petition has been:

Approved

Denied

Town Mayor

Distribution: Alamance County Inspections
Department Applicant
Town Clerk and Manager
File