# *TOWN OF ROCKY MOUNT*

## *Certificate of Zoning Compliance*

**Planning & Community Development Dept.**
345 Donald Avenue
Rocky Mount, VA 24151
540-483-0907
540-483-8830 (fax)

**Applicant:** _____

**Mailing Address:** _____

_____

**Physical Address:** _____

**Tax Map & Parcel Number:** _____

**Current Zoning:** _____

**Enterprise Zone:** **Yes** **No**

**Proposed Use of Building:** _____

**Type of Improvements Needed:** _____

_____

_____ _____

**Signature of Applicant or Agent** **Date**

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*For Office Use Only*

**Does the application meet all the requirements and regulations of the Town of Rocky Mount Zoning and Development Ordinance?** **Yes** **No**

**If no, what sections are in violation?** _____

_____ **Application is approved.**

**Permit File Number:** _____

_____ **Application is rejected.**

_____ _____

**Zoning Administrator** **Date**