

ZONING COMPLIANCE APPLICATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: () _____

PERMIT FILE No.: _____



NATURE OF PROJECT (PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PROJECT)

PROPERTY OWNER & PROPERTY INFORMATION

PROPERTY OWNER NAME: _____
(IF DIFFERENT FROM APPLICANT)

MAILING ADDRESS: _____

TAX MAP & PARCEL NUMBER: _____

PROPOSED USE OF BUILDING: _____

CURRENT ZONING: R-1 R-2 R-3 RA RB POS C-1 C-2 CBD GB
RPUD M-1 M-2 ENTERPRISE ZONE

EXPECTED PROJECT COMPLETION DATE: _____

ESTIMATED COST OF THE PROJECT: _____

CONTRACTOR INFORMATION

NAME/COMPANY: _____ STATE LICENSE No.: _____

ADDRESS: _____

PLEASE NOTE THAT SOME CONTRACTORS MUST OBTAIN A BUSINESS LICENSE FROM THE TOWN FINANCE OFFICE BEFORE ANY CONSTRUCTION TAKES PLACE. ALL LICENSES ARE VAILD FOR ONE YEAR.

APPLICANT CERTIFICATION

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE

DATE

OWNER CERTIFICATION

BY SIGNING BELOW, I CERTIFY THAT I AM AWARE OF THIS ZONING PERMIT APPLICATION AND I CONSENT TO THE IMPROVEMENT AND/OR PROPOSED USE AS STATED ON THE APPLICATION.

OWNER SIGNATURE

DATE

FOR COMMUNITY DEVELOPMENT OFFICE USE ONLY

IS A SITE PLAN REQUIRED? YES NO IS AN E & S PERMIT REQUIRED? YES NO

IS A TOWN OCCUPANCY PERMIT OR SITE INSPECTION PERMIT REQUIRED FOR THIS PROJECT? YES NO

DOES THIS APPLICATION MEET ALL THE REQUIREMENTS AND REGULATIONS OF THE TOWN OF ROCKY MOUNT ZONING & DEVELOPMENT ORDINANCE? YES NO IF NO, WHICH SECTION(S) IS IN VIOLATION? _____

APPLICATION IS: APPROVED DENIED

PERMIT FILE NO.: _____

FEE AMOUNT: _____ CASH CHECK WAIVED - EZ

ZONING ADMINISTRATOR SIGNATURE

DATE