



Zoning Permit Application

Zoning District: _____

Date: _____

ADDRESS

SUBDIVISION

LOT #

Purpose for Application: _____

Height & Material for fence: _____

Size of Shed: _____ Size of Lot(acreage): _____

Property Owner's Name: _____ Phone Number: _____

Address: (if different than above) _____

Applicant's Name: (if different than above) _____

Address: (if different than above) _____ Phone Number: _____

Email Address: _____

Tax Map Parcel Number: _____ - _____ - _____ Fax #: _____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit. I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).

Applicant's Signature

Date

Telephone: (704)282-4524

Permit Center
P.O. Box 69, Monroe NC 28111
300 W. Crowell Street, Monroe NC 28112
Fax: (704)282-4735 Email: PermitCenter@monroenc.org