



NON-RESIDENTIAL ZONING APPLICATION

Person County Planning & Zoning

325 S. Morgan Street, Suite B • Roxboro, NC 27573 • (336) 597-1750

Permit Number _____

Tax Map & Parcel # _____

APPLICANT INFORMATION

APPLICANT NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ FAX: _____

PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER: _____ TELEPHONE: _____

MAILING ADDRESS: _____

PLEASE NOTE: A RECORDED SURVEY MAP, RECORDED DEED, OR OFFER TO PURCHASE MAY BE REQUIRED IF THE PROPERTY INFORMATION CANNOT BE VERIFIED ON THE GIS WEBSITE

NON-RESIDENTIAL PROPOSED LAND USE CHECK ALL THAT APPLY

☐ PRIMARY STRUCTURE ☐ ADDITION ☐ ACCESSORY ☐ OTHER: _____

TYPE OF NON-RESIDENTIAL USE: _____

SIZE/DIMENSIONS: _____ x _____ # OF STORIES: _____ TOTAL SQ. FT.: _____ TOTAL HEIGHT: _____
(HEATED & UNHEATED)

DESCRIPTION (Required): _____

SIGNATURES AND ACKNOWLEDGEMENT

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Furthermore, the above-referenced hereby authorizes the Zoning Administrator or designated representative to enter the above-referenced property for the purpose of inspecting and verifying compliance. The permit is subject to revocation if false information is provided.

Signature of Applicant

Date

OFFICE USE ONLY

☐ Approved ☐ Denied _____

County Zoning Official Signature

Date