



ZONING VERIFICATION LETTER

Person County Planning & Zoning

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

ZONE- _____

Permit Number

Tax Map & Parcel Number

APPLICANT INFORMATION

REQUIRED

APPLICANT NAME: _____ COMPANY: _____

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

EMAIL: _____ TELEPHONE: _____

PROPERTY INFORMATION

REQUIRED

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ TELEPHONE: _____

MAILING ADDRESS: _____

REQUEST DETAILS

Please indicate the information you are requesting (check all that apply):

☐ Zoning District ☐ Site Plan ☐ Permitted Uses ☐ Development Standards

☐ Compliance Status ☐ Violation History ☐ Other: _____

SIGNATURES AND ACKNOWLEDGEMENT

REQUIRED

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

SIGNATURES AND ACKNOWLEDGEMENT

REQUIRED

County Zoning Official Signature

Date