

Zoning Permit Application

Date: _____

Applicant Information

Name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Property Owner Information

Name(s): _____

Mailing Address: _____

Property Information

Street Address: _____ Tax Parcel Number: _____

Current Zoning: (check one) R-6 R-8 R-10 R-20

B-1 B-2 B-3 B-6

LI HC RA-20 RA-40

How many square feet is the property? _____

What is the gross floor area of the proposed building(s)? _____

Describe the proposed building and use: _____





P.O. BOX 367 • Wingate NC 28174 • TEL: (704) 233-4411 • FAX: (704) 233-4412

Attach a copy of the site design that includes the following items:

- Name of the applicant
- Existing buildings, structures, and signs (including dimensions of each)
- Property lines (with dimensions identified)
- Street and street right-of-way lines
- Utility or other easement lines
- The location and dimensions of all proposed buildings and free-standing signs on the lot as well as the distances of all proposed buildings and free-standing signs from the property lines, streets, and street right-of-way lines.

I hereby certify that the above information is, to the best of my knowledge, true and correct. I understand that incorrect or missing information may cause a delay in the issuance of a zoning permit, a denial of a zoning permit, or the revocation of a zoning permit that has been issued as a result of the information included in this application. I further agree to provide the Land Use Administrator with any additional information that may be required to show compliance with the Wingate Land Use Ordinance.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Application Received: _____

Application Received By: _____ **Fee Paid:** _____

Application Reviewed By: _____

Additional Information Required: Yes _____

No

Application: **Approved** **Zoning Permit #:** _____

Denied **Reason:** _____

