

Town of Seagrove, NC ZONING COMPLIANCE CERTIFICATE

Applicant Information:

Name _____ Phone _____
Mailing Address _____

Property Information:

Property Owner Name _____ Phone _____
Mailing Address _____

Directions to Property: _____

Tax Map and Lot Number: _____ Deed Book/Page #: _____
(Obtain from Randolph County Tax Office)

Zoning/Landuse Information: ___ Residential (R) ___ Residential Restricted (RR) ___ Commercial (C)
___ Industrial (I) ___ Office/Institutional (OI) ___ Highway Commercial (HC) ___ Quality Signage Corridor

Proposed Use: _____

I attest that the above information is correct to the best of my knowledge. I am aware of all conditions that apply. I understand that any falsification or intentional errors will render this Zoning Compliance Certificate invalid and subject me to a zoning violation. I understand that this zoning compliance certificate does not constitute a septic, well, building, or any other permit. I understand this Zoning Compliance Certificate is valid for ninety (90) days after the date of the Town official's signature below.

Signed: _____ Date: _____
Applicant

For Use By Zoning Administrator

Within Watershed Area? ___ Yes ___ No
Special Use Permit obtained if necessary? ___ Yes ___ No
Site Plan approved? ___ Yes ___ No

Comments: _____

Comments for Building Inspector (attach any additional information): _____

The above described project is allowed in the designated zoning district and the project site plan meets the requirements of the Town of Seagrove Zoning Ordinance.

Signed: _____ Date: _____
Seagrove Zoning Administrator