



Mount Gilead Zoning Application

110 West Allenton Street Mount Gilead, NC 27306
 Office: (910) 439-5111 Fax: (910) 439-1336

A Zoning Compliance Permit is required for all new structures and businesses locating within the Town of Mount Gilead prior to occupancy. Article 4.5 of the Mount Gilead Zoning Ordinance specifies the uses that are permitted in each zoning district. Please return the completed application with the required filing fee and any supplemental information that may be required to process the request. Failure to submit all items will result in the delay of your application. No application shall be accepted by the Zoning Administrator unless it contains all of the information necessary to determine if the development, if completed as proposed, will comply with all applicable rules and regulations.

PROJECT INFORMATION

NAME: _____

ADDRESS: _____

PROPOSED USE: _____

IN THE SPACE BELOW, BRIEFLY DESCRIBE THE PROPOSED USE AND ACTIVITIES AT THIS LOCATION:

INSIDE CORPORATE LIMITS?: _____ SITE ACRES: _____ ZONING DISTRICT: _____

CONTACT INFORMATION

APPLICANT: _____ PHONE: _____ FAX: _____

ADDRESS: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

PROPERTY OWNER/DEVELOPER (*if different from applicant*):

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

SUBMITTAL REQUIREMENTS:

* COMPLETED APPLICATION FORM. **Application must be signed by the both the applicant and the property owner.**

* PROCESSING FEE.

* SUPPLEMENTAL INFORMATION AS REQUIRED BY ZONING ADMINISTRATOR

THIS SECTION IS FOR OFFICIAL USE ONLY

Case ID: _____ PIN# _____ Zoning: _____ Book of Maps: _____ Page: _____

Acres: _____ Census Tract: _____ Flood Certification Required? Watershed District: _____

Water Supply: Public or Private Wastewater: Public or Private Lift Pump Required? Finished Square Feet: _____

Conditions of Permit: _____

X-REFERENCES: _____ FILING FEE AMOUNT PAID: _____ DATE SUBMITTED: _____

APPROVED BY: _____ DATE APPROVED: _____