THE CITY OF JACKSONVILLE NC
ZONING VERIFICATION/COMPLIANCE
CERTIFICATION APPLICATION

1. Applicant(s) _____

   Address _____

   Email Address:_____ Phone #: _____

   Interest in property _____
   (Owner, financial institution, citizen, planning agency)

2. Owner of property _____
   (If not applicant)

   Address _____

3. Description of property:
   a. Location description:_____ ☐ City Limits ☐ ETJ
   b. Onslow County Deed Book _____ Page Number _____
   c. Onslow County Tax Map No._____ Tax Parcel(s) _____
   d. Onslow County Map Book & Page No._____
   e. Number of Lots_____
   f. Existing Square Footage_____
   g. Acreage _____
   h. Current use of property_____
   i. Current zoning of property _____

4. Provide the following:
   a. Any specific format or information requested to be incorporated in the document._____

      _____

      _____

      _____

   b. Complete name and mailing address of document recipient._____
   c. Fax number or email address (if requesting an advanced copy)_____

_____ _____
Signature of Property Owner or Applicant Date

Check the status of your application online at https://click2gov.ci.jacksonville.nc.us/Click2GovBP/index.html