



# 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 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: \_\_\_\_\_