# Town of Pilot Mountain

## Planning & Zoning Department
## Change in Use Permit / Zoning Verification Application

Permit #: ZP_____-_____
Date Recd:_____ Fee Pd $_____
Method _____ Rcpt No. _____
Staff Initials:_____

**Contact Information:**

| | Property Owner | Applicant / Business Owner |
|---|---|---|
| Name: | | |
| Mailing Address: | | |
| Phone Number: | | |
| E-mail address: | | |

Business Name/License:

**Property Information:**

Property Address/Location: _____
Parcel ID Number(s): _____
Zoning District: _____
Location: ☐ Town Limits ☐ ETJ

**Summary:**

| Use Type: | Permit Type: | Previous Use: | Business Name / Description of Use: |
|---|---|---|---|
| ☐ Commercial<br>☐ Industrial<br>☐ Other | ☐ Change in Use / Zoning Verification | | |

**Approval of this permit application does not permit any exterior and/or interior construction, nor does it permit any signage.**

**All exterior and/or interior construction shall be reviewed by the Town of Pilot Mountain prior to the issuance of an approved Development Permit Application or Zoning Waiver. All signage shall be reviewed by the Town of Pilot Mountain prior to the issuance of an approved Sign Permit Application.**

**Owner/Applicant Statement**

*I/we the owner(s) of the above referenced property or the applicant / business owner hereby certify that all of the information provided in this application and all attachments are true and accurate to the best of my knowledge, information and belief. I further certify that I am familiar with the requirements of the Town of Pilot Mountain Zoning Ordinance concerning the proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Pilot Mountain.*

_____ _____ _____
*Print Name* *Signature of Property Owner / Applicant* *Date*

_____ _____ _____
*Print Name* *Signature of Property Owner / Applicant* *Date*

**** Office Use Only ****

*I, as Planning& Zoning Administrator, believe this application to be complete based on the certification of the owner and/or applicant, and with my signature, accept the application and any corresponding documentation.*

_____ _____
*Signature of Planning & Zoning Administrator* *Date*

| | | |
|---|---|---|
| Application Status: ☐ Approved ☐ Denied | Sign Permit Required/ Obtained: ☐ Yes, Attached ☐ No | Staff Comments: |
| Additional Conditions: ☐ Yes, Attached ☐ No | Permit Expiration: *One year after date of issue* | Table of Uses/Zoning Classification Reference: |