Town of Bolton

P.O. Box 327
Bolton, NC 28423

910-655-8945
910-655-4366 FAX

CERTIFICATE OF ZONING COMPLIANCE

Date: _____

Applicant/Owner: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Tax Parcel #: _____

Property Location: _____
Street Address

_____ _____ _____ _____
Subdivision Lot Block Section

_____

Proposed Use: _____

_____

Comments: _____

THE PROPOSED USE OF THIS STRUCTURE/LAND PRESENTLY CONFORMS WITH THE PROVISIONS OF THE TOWN OF BOLTON ZONING ORDINANCE. FAILURE TO MEET ANY CONDITIONS OF THIS APPROVAL SHALL RESULT IN THE REVOCATION OF ANY PERMIT(S) BASED UPON THIS CERTIFICATE.

_____ _____
Applicant Date

_____ _____
Zoning Official Date

____ Copy to Columbus County Permits Office (Fax # is 910-640-6649)