

City of Whiteville

Planning Department

317 S. Madison St.

Whiteville, NC 28472

Phone (910) 640-1380

Fax (910) 642-4407

Application for Zoning Approval

(Use this form for Zoning Permit Approvals & Change of Use)

Application and plat/drawing may be returned by fax, mail, email, or in person.

Please allow a minimum of three (3) business days to process applications.

Fee: \$25 Residential and \$75 Commercial

Proposed Work/Use: _____ **Business Name:** _____
(If Applicable)

Address for permit: _____

Subdivision/Development/Lot# _____
(If Available)

Property Owner(s) Information:

Name _____ Company Name _____

Address _____ City/State/Zip _____

Phone _____ Cell # _____

Fax _____ Email _____

Applicant(s) Information (if different from owner):

Name _____ Company Name _____

Address _____ City/State/Zip _____

Phone _____ Cell # _____

Fax _____ Email _____

I hereby certify that I, the undersigned, am the owner of the subject property or I am making application with the full authority or the owner(s), and the statements herein are true and correct to the best of my knowledge. I am aware this does not guarantee any approval for any permit and that I am solely responsible for providing information that is accurate. Furthermore, the City of Whiteville will not be liable for false information provided.

Owner/Applicant Signature

Date

(For Office Use Only)

Permit # _____ Zoning _____ [] Approved [] Denied Date _____

Property # _____ Setbacks _____ Review Officer _____

Comments: _____

If Applicable NCDOT approval: _____