Application for a CERTIFICATE OF ZONING LETTER



Please complete all items below, sign and date where indicated, and return the completed form along with a check for \$35.00 made payable to the City of Rocky Mount to: City of Rocky Mount Planning Division, 331 S Franklin Street/P.O. Box 1180, Rocky Mount, NC 27802.

Street address of property:					
Property Owner(s):			Tax Parcel Number:		
Applicant Name:					
Applicant Mailing Address:					
City:	State:	Zip Code:		Daytime Telephone:	
Email Address (for copy to be sent when original	ginal is mailed):	•			
List and number any specific zoning or land	use questions p	ertaining to	o this property	you would like a	inswered.
I hereby request the City of Rocky Mouland use information regarding this prop Department may be unable to provide a I further understand that the zoning condevelopment, nor does it guarantee the building or property. Applicant Signature: Date Received: By:	certy. I underst	and that infirmation sponse I tof any s	f I do not property of zoning of will receive uch permit, Date only)	ovide complete or provide comp does not const nor does it au e:	e information as requested, the plete answers to my questions. itute a permit for building or thorize the occupancy of any

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