



TOWN OF WALNUT COVE

P.O. Box 127, 208 W Third St.
Walnut Cove, North Carolina 27052-0217
Phone (336) 591-4809 Fax (336) 591-7275

ZONING PERMIT APPLICATION

Permit # _____ Application Date: _____ Issuance Date: _____
Zoning: _____

***THIS SECTION MUST BE FILLED OUT COMPLETELY BY APPLICANT
PLEASE PRINT***

Business Name: _____

Applicant: _____ Contact Person: _____

Address: _____ Phone #(____) _____

Owner Name: _____ Phone #(____) _____

Address: _____ Contact Person: _____

Project Address: _____ Parcel #: _____

Description: _____

Dimensions of Building: Width _____ Length _____ Height _____ Building Area _____

Number of Parking spaces: _____ Number of Handicap Parking Spaces: _____

Seating Capacity: _____ (If Fixed Seating Provided)

Requested Use: _____

Conditions/Remarks:

Set Backs: Front _____ Side: _____ Rear: _____

Permitted Use: _____

Permission to enter Land

I furthermore certify that all information provided is correct and that I am authorized to grant and do in fact, grant permission to the local zoning officer and local building inspector and his agents, to enter on the property noted on the Walnut Cove permit(s) for the purpose of this inspection.

This is the _____ day of _____, 20_____.

Signature of landowner or person authorized to act as his/her agent.

APPROVAL

Zoning Official _____ Date: _____

PERMIT FEES

\$ _____

Total \$ _____