



Town of Garland  
190 South Church  
Avenue Garland,  
North Carolina 28441

# ZONING COMPLIANCE PERMIT APPLICATION

**Application Fee: \$100.00**

*Please note the fee must be paid at time of application submittal and prior to review by the Town. All fees are non-refundable.*

## ZONING COMPLIANCE PERMIT TYPE

**Check all that apply:**

Change of Utility/Use     Fence     Accessory Structure     Other (specify)

## APPLICANT INFORMATION

**Applicant Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

## SITE INFORMATION

**Development Name/Business (if applicable)** \_\_\_\_\_

**Address Location/PIN** \_\_\_\_\_

**Property Owner's Name** \_\_\_\_\_

**Brief Description of Request** \_\_\_\_\_

## APPLICATION REQUIREMENTS

**In compliance with Section 152.031(B) of the Town of Garland Zoning Ordinance:**

Each application for a Certificate of Zoning Compliance shall be accompanied by two (2) sets of plans drawn to scale, one (1) of which shall be returned to the applicant upon approval. The plan shall show the following:

- (1) The shape and dimensions of the lot on which the proposed building or use is to be erected or conducted;
- (2) The location of said lot with respect to adjacent rights-of- way;
- (3) The shape, dimensions, and location of all buildings, existing and proposed, on the said lot;
- (4) The nature of the proposed use of the building or land, including the extent and location of the use, on the said lot;
- (5) Any other information which the Zoning Officer may deem necessary for consideration in enforcing the provisions of this Ordinance.

## APPLICANT SIGNATURE

*I/We, the undersigned, do hereby make an application and petition the Town of Garland to approve the subject Zoning Compliance Permit request. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Garland, North Carolina, and will not be returned.*

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

\_\_\_\_\_  
**Approved**

\_\_\_\_\_  
**Denied**

**Reviewed By** \_\_\_\_\_

**Date** \_\_\_\_\_

**Remarks** \_\_\_\_\_

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