Planning & Neighborhood Services
PO Box 2430
Indian Trail, NC 28079
Telephone (704) 821-5401
Fax (704) 821-9045

CERTIFICATE OF ZONING COMPLIANCE APPLICATION

Zoning Permit Number: _____

Job Address: _____

Subdivision: _____ **Lot Number:** _____

SETBACKS:

	Front	Right-Side	Left-Side	Rear
Actual:				
Required: **(Office use only)**				

Applicant's Name: _____ **Phone Number:** _____

Attach The Following: one copy of a scaled final survey drawn, certified and sealed as true and correct by a surveyor registered with the State of North Carolina which affirmatively shows that the building or structure was erected in compliance with the Town of Indian Trail Unified Development Ordinance and the Zoning Permit previously issued.

I hereby certify that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all of the requirements of the Town of Indian Trail Unified Development Ordinance concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Indian Trail.

_____ _____

Applicant's Signature **Date**

*****All of the above information is required. Application will be deemed incomplete and not accepted if all information is not included.**

OFFICE USE ONLY	No Inspection Needed:	Inspection Needed:	Inspection Completed: