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

Zoning Verification Application

Submittal Requirements

- Completed Application (all applications must be complete before review)
- Letter of Intent
- $30 Fee for Review, $50 if combined with Interior Upfit (check or cash only)
- ****A TECHNOLOGY FEE, 10% OF THE APPLICABLE FEE, WILL BE APPLIED TO THE TOTAL FEE.**

General Information

Business Name _____

Business Address _____

Town _____ State_____Zip _____

Shopping Center or Business Park Name _____

Tax Parcel ID _____ Zoning Designation _____

Previous Location of your Business _____

Website _____ State License Number _____
(if applicable)

Square Footage of Building or Suite: _____

Contact Information – Lessee

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Signature _____ Date _____

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Contact Information – Property Owner/ Property Management

Name _____

Address _____

Town_____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Description of Business Operations

Name of Business _____

Number of Employees _____ Hours of Operation _____

Type of Business ☐ Retail ☐ Service ☐ Office ☐ Manufacturing ☐ Other _____
(check all that apply)

Number and Types of Vehicles Associated with use _____

Will there be walk in traffic from customers or clients? _____

Will there be any alterations to the building?_____

☐ Electrical ☐ Plumbing ☐ Structural ☐ Exterior Alterations

Explain Nature of Business and Operation Procedures (Letter of Intent)

_____

_____

_____

_____

For Office Use Only:

Received by:_____ Date: _____

Notes:_____

_____