

TOWN OF SPRING LAKE ZONING PERMIT APPLICATION

PERMIT NO: Z-_____

Request for Zoning and/or Periodic Inspection

Location of Zoning Inspection: _____

Name of Business: _____

Business Owner's Name: _____

Owner's Address: _____

Owner's Phone No: _____

The issuance of this permit, in no way authorizes a waiver for none-compliance of a federal, state, or local government regulation, law, or ordinance.

Signature: _____ Date: _____

Comments: _____

Inspection Fee \$ _____

Inspection scheduled for: _____

OFFICE USE ONLY

Zoning District: _____

This application has been _____ Approved _____ Denied

Reason of Denial: _____

Remarks: _____

Upon approval this certifies that the Building and/or proposed use at the above location complies with the Zoning Ordinance of Spring Lake, North Carolina.

Zoning Officer Signature _____ Date _____

Fire Department Inspection

Fire Inspector: _____ Date: _____

Approved Disapproved

Comments: _____

Inspection Department

Building Inspector: _____ Date: _____

Approved Disapproved

Comments: _____

Water & Sewer Department

Cross Connection Control System Operator: _____ Date: _____

Approved Disapproved

Comments: _____

