



# Town of Spring Hope

118 W. Railroad Street  
Spring Hope, NC 27882  
Phone: (252) 478-5186  
Fax: (252) 478-7131

For office use only:
Application No. _____
Date Received: _____
Amount Received: _____

## CERTIFICATE OF ZONING COMPLIANCE

**Zoning Compliance Permit Fee = \$50**  
**Site Plan May Be Required (tbd by Zoning Administrator)**

Subject Property Street Address or PIN: \_\_\_\_\_

Reason for Use Requested: \_\_\_\_\_

Name/Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

I further certify that I, the undersigned, am the owner of the subject property or I am making application with the full authority of the owner(s) and the statements herein are true and correct to the best of my knowledge. I also certify that I have or will comply with all applicable Town of Spring Hope, Nash County, or State of North Carolina Statutes, Codes, Ordinances or Regulations.

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_

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