



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 = \$55
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: _____

