

## TOWN OF KNIGHTDALE

www.knightdalenc.gov

DEVELOPMENT SERVICES DEPARTMENT

950 Steeple Square Court Knightdale, NC 27545 (v) 919-217-2241 (f) 919-217-2249

## **ZONING COMPLIANCE PERMIT APPLICATION**

A Zoning Compliance Permit is required for all new businesses locating within an existing or newly built structure prior to occupancy. Section 2.3(C) of the Unified Development Ordinance (UDO) specifies the uses that are permitted in each zoning district. Please return the completed application to the Development Services Department with the required filing fee and any supplemental information that may be required to process the request.

PROJECT/BUSIN	ESS INFORMATION				
BUSINESS NAME	:				
ADDRESS:					
SHOPPING CENTE	ER NAME:				
PROPOSED USE C	CATEGORY:				
	OW, DESCRIBE THE PROPOSED USI				
	INSIDE CORPORATE LIMITS ?:	SITE ACRES:			
CONTACT INFORMATION					
APPLICANT:		PHONE:	FAX:		
ADDRESS:					
		EMAIL:			
SIGNATURE:		DATE:			
PROPERTY OWN	IER/DEVELOPER (if different from a	ipplicant):			
			FAX:		
<u> </u>					
signature:			DATE:		

## SUBMITTAL REQUIREMENTS:

\* COMPLETED APPLICATION FORM. Application must be signed by the both the applicant and the property owner.

\* \$75.00 PROCESSING FEE.

\* SUPPLEMENTAL INFORMATION: The Administrator may require supplemental information in order to determine if the application will comply with the requirements of the UDO. This may include a Sketch Plan as outlined in Section 16.4 of the UDO for proposed uses that differ from the existing use in order that the Administrator can determine compliance with parking, landscaping, architectural standards and other site design elements.

(Failure to submit all items will result in the delay of your application. Applications which are not complete with be returned to the applicant with a notation of deficiencies. No application shall be accepted by the Land Use Administrator unless it contains all of the information necessary to determine if the development, if completed as proposed, will comply with all of the requirements of the UDO.)

THIS SPACE FOR DEVELOPMENT SERVICES STAFF ONLY			
CASE NUMBER: ZC	SUBMITTAL DATE:	X-REFERENCES:	
FILING FEE AMOUNT PAID:	INITIAL FOR PAYMENT COLLECTED:	PIN#	