TOWN OF LILLINGTON

ZONING PERMIT

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546 ● phone 910-893-2654 ●fax 910-893-3693

Required Attachments: A description and drawing of the proposed construction in relation to lot. Include parking plans.

Name of Applicant				Property Owner			
Home Address				Home Address			
City/State /Zip				City/State /Zip			
Home Telephone		Business Telephone		Home Telephone		Business Telephone	

Parcel Identification Number(s):		
Property Address:	What are you requesting to build? Be specific.	How many dwelling units are on the property already?
		Property Size (acres):
		Lot Number(s):

Owner / Applicant Must Read and Sign

AFFIDAVIT: The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, WITH THE UNDERSTANDING THAT ANY INCORRECT INFORMATION SUBMITTED MAY RESULT IN THE REVOCATION OF THIS APPLICATION. I hereby authorize the Town of Lillington to review this request and conduct a site inspection to insure compliance to this application. I also understand that this Zoning Permits will expire six (6) months from the date of issuance, if the permit is not acted upon.

_____ _____ _____

Print Name | Signature of Owner or Representative | Date

FOR OFFICE USE

Zoning District:	Watershed District: ☐ Not located in one ☐ Cape Fear - Critical ☐ Cape Fear - Protected	Is property located in floodplain according to the FEMA map? ☐ No ☐ Yes
Front Setback:		
Side Setback:	Exempt from Watershed Regulations? ☐ No, more than one acre of land will be disturbed throughout entire (including phases) project area. ☐ Yes, less than one acre	_____ Planner's Signature
Rear Setback:		_____ Date