



CITY OF HENDERSON
DEVELOPMENT SERVICES
CERTIFICATE OF ZONING COMPLIANCE
COMMERCIAL/ BUSINESS APPLICATION
\$100 FEE

134 ROSE AVENUE
HENDERSON NC 27536
252-430-5723 phone
252-492-7935 fax
www.ci.henderson.nc.us

Application Instructions: Complete all applicable sections. No application will be processed by the Development Services Department until a complete application and all required documents are received.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. A scaled site plan is required.
2. Design standards for landscaping and points of ingress & egress shall be shown on site plan and shall meet standards of Article 600A & 600B of the Zoning Ordinance.
3. Article 500: Parking standards for proposed plan.

<u>Property Owner's Name</u> <u>(As Listed on Tax Records):</u>	<u>Applicant's Name:</u>
Street Address:	Business Address:
City, State Zip	City, State Zip
Contact Phone #:	Contact Phone #:
Email Address:	Email Address:
<u>Developer's Name:</u> <u>License #:</u> _____	<u>Engineer/Architect's Name:</u>
Street Address:	Street Address:
City, State Zip	City, State Zip
Contact Phone #:	Contact Phone #:
Email Address:	Email Address:

****If the owner is different from the tax record, you must provide proof of ownership.***

PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:

1. What is the name and proposed address of the business? _____

2. What are you applying for in this application? _____
 - If the name changed, what is the old name? _____
 - Is it a new business? **Circle Yes Or No**
 - Is it an existing building with new addition? _____
3. What is the lot size & square footage of the proposed structure? _____
4. How many buildings are located on the property? _____
5. Give a brief description of the business? _____

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized City of Henderson representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Name

Date

Signature of Owner or Authorized Agent

Date

FOR DEVELOPMENT SERVICES STAFF ONLY

Received by: _____ Fee: _____ Date Paid: _____ How Paid: _____ Check #: _____ Receipt#: _____ Special Use Permit: _____ Case#: _____	PIN #: _____ City or ETJ: _____ Zoning: _____ Front Setback: _____ Side Setback: _____ Rear Setback: _____ Lot Width: _____
Does this application meet Section 200 of the Zoning Ordinance? _____	Are there any issues of nonconformity? _____
Does this application meet Section 300 of the Zoning Ordinance? _____	Are there any current violations on this property? _____
Does this application meet Section 500 of the Zoning Ordinance? _____	
Does this application meet Section 600 of the Zoning Ordinance? _____	