



CITY OF HENDERSON  
DEVELOPMENT SERVICES  
**CERTIFICATE OF ZONING COMPLIANCE**  
**RESIDENTIAL APPLICATION**  
**\$100 FEE**

134 ROSE AVENUE  
HENDERSON NC 27536  
252-430-5723 phone  
252-492-7935 fax  
[www.ci.henderson.nc.us](http://www.ci.henderson.nc.us)

**Section 902: Certificate of Zoning Compliance Required:** No occupied or vacant land, and no existing or new structure shall hereafter be changed, constructed, erected, repaired, altered, added to, moved onto a lot, in whole or in part, until a certificate of zoning compliance shall have been issued by the Zoning Administrator or a Special Use Permit issued by the Board of Adjustment which finds that the proposed use will be in compliance with the requirements of this Ordinance. **A ZONING PERMIT ISSUED BY THE DEVELOPMENT SERVICES STAFF SHALL BE REQUIRED PRIOR TO THE ISSUANCE OF ANY BUILDING PERMIT.**

**Application Instructions:** Complete all applicable sections of this form. No application will be processed by the Development Services Department until a complete application and all required documents are received. **A scaled site plan must be submitted with application.**

<b>Owner's Name</b> (As Listed on Tax Records)*:	<b>Applicant's Name:</b>	<b>Contractor's Name:</b> (If applicable)
Street Address:	Street Address:	Street Address:
City, State Zip	City, State Zip	City, State Zip
Contact phone #:	Contact phone #:	Contact phone #:
Email Address:	Email Address:	Email Address:

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

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**1. What existing structure is currently on the property?**

- Vacant lot or tract: (no buildings located on property).
- Site-Built Home or Modular Home
- Mobile Home
- Accessory Building(s): (including detached carports, garages, storage buildings).

2. How many primary buildings are located on the property? \_\_\_\_\_

3. What is the size of each building? \_\_\_\_\_

**4. What is proposed for the property? Please state the proposed size.**

- Site-built or Modular Home \_\_\_\_\_'x\_\_\_\_\_'
- Duplex size: \_\_\_\_\_' x \_\_\_\_\_'
- Mobile Home: \_\_\_\_\_' x \_\_\_\_\_'
- Carport or Garage: \_\_\_\_\_' x \_\_\_\_\_'
- Swimming Pool: \_\_\_\_\_' x \_\_\_\_\_'
- Home Office or Cyber Business: \_\_\_\_\_' x \_\_\_\_\_'
- Describe Family Care Home (if applicable): \_\_\_\_\_
- Addition to Existing Home: \_\_\_\_\_'x\_\_\_\_\_'
- Handicap Ramps: \_\_\_\_\_' x \_\_\_\_\_'
- Name of Mobile Home Park: \_\_\_\_\_
- Storage Building(s): \_\_\_\_\_' x \_\_\_\_\_'
- Fencing required (Pool Only): \_\_\_\_\_' x \_\_\_\_\_'
- Other Uses: \_\_\_\_\_' x \_\_\_\_\_'

**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 DEPARTMENT ONLY**

Received By: _____ Date Paid: _____ How Paid: _____ Check #: _____ Receipt#: _____ Proposed Use: _____	PIN #: _____ City or ETJ: _____ Zoning: _____ Front Setback: _____ Side Setback: _____ Rear Setback: _____ Lot Width: _____
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