

Application for Zoning Vested Right

OFFICE USE ONLY	
Application No. _____	Date Submitted: _____

Application is hereby me to the City Council and Planning Commission of the City of Goldsboro, North Carolina, to establish Zoning Vested Right for the below described property.

Wayne County Tax I.D. Number: _____
 (May be obtained from Wayne County Tax Office in the Courthouse; this information is required.)

The property is located on the _____ side of _____ (Street)
 between _____ (Street) and _____ (Street).

Frontage: _____ Depth: _____ Area: _____

Current Zoning District: _____

Project Name: _____

Project Address: _____

Applicant: _____ Phone: _____

Address: _____

Property Owner (If Different from Above): _____ Phone: _____

Address: _____

Agent or Contact Person: _____ Phone: _____

Address: _____

(NOTE: If the application is not signed by the property owner, documentation must be submitted indicating that the applicant or agent has authorization to apply for this Zoning Vested Right.)

I certify that all statements furnished within this application are true to the best of my knowledge.

 Signature - Applicant _____
 Date

 Signature - Property Owner _____
 Date