

**CITY OF GOLDSBORO, NORTH CAROLINA
APPLICATION FOR ZONING VESTED RIGHT**

Application No. _____ Date Submitted: _____

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

Wayne County Tax I. D. Number: _____ Township __ __ Map No. __ __ __ __
(May be obtained from the Wayne County Tax Office located in the Courthouse; This information must be included in order to process.) Block No. __ __ Lot No. __ __ __ __
Sub-Map No. (If Applicable) __ __

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

Frontage: _____ Depth: _____ Area: _____

Current Zoning District: _____

Applicant: _____ Phone: _____
Address: _____
E-Mail: _____

Property Owner (If Different): _____ Phone: _____
Address: _____
E-Mail: _____

Agent or Contact: _____ Phone: _____
Address: _____
E-Mail: _____

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

Applicant or Agent

Property Owner*

(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.)