

Planning Department 200 North Center Street Goldsboro, NC 27530 (919) 580-4313

Application Fee: \$25.00

ZONING VERIFICATION REQUEST

For Office Use Only:				
Application Number:	·			
Fee Paid Yes No	Cash C	Check #[Credit Card	
Please complete <u>ALL</u> of the following info One application may be used for multiple Please do not forget to sign and date this	e parcels, provided they	•	• •	
Property Address:				
Wayne Co. PIN #:	Curre	ent Zoning:		
APPLICANT INFORMATION:				
Name of Primary Contact (print):				
Business Name (print):				
Applicant (print):				
Mailing Address:City,State,Zip				
Telephone:	Applicant Email:			
Please check one of the following when letter is completed:				
Pick up Letter Emai	ail completed letter	Mailed to add	dress above	
NOTE: All letters will state the current zor violations on the property as of the date of Requests for Building Code or Fire Code of should be made to the City of Goldsboro	of the letter's issuance. compliance, (certificate	of occupancy, fire	code compliance, etc.)	
SIGNATURES REQUIRED			<u></u>	
Applicant – Printed	Applic	cant Signature	Date	