



Submit Application to: Planning Department
200 North Center Street
Goldsboro, NC 27530
(919) 580-4333

<http://www.goldsboronc.gov/planning/>

See City of Goldsboro Fee Schedule for List of Current Fees

**CITY OF GOLDSBORO
APPLICATION CHANGE OF ZONE**

Office Use Only

Case Number: _____ Date Received: _____

NOTE: Six (6) copies of the site plan must be submitted when a Conditional District has been requested. Information on the site plan shall meet or exceed requirements contained within the City’s Unified Development Ordinance (UDO).

Name of Development: _____

Property Location/Address: _____

Total Acreage _____ Frontage: _____ Depth: _____ Wayne Co. PIN #: _____

Current Zoning: _____ Proposed Zoning*: _____

*IF Conditional District is requested, please describe the proposed use, justification and reason for change of zone request. _____

Applicant (Print): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Owner (Print): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

SIGNATURES REQUIRED

Applicant – Printed

Applicant Signature Date

Owner – Printed

Owner Signature Date