

**TOWN OF WRIGHTSVILLE BEACH APPLICATION FOR ZONING PERMIT (ZP)**

*Any change or changes in development, construction, or land use activities as represented in this application and/or accompanying plans will require a re-evaluation and modification of this permit. Applicants, property owners, authorized agents and/or contractors are responsible for compliance with any and all permit conditions and adherence to the Town's Code of Ordinances. The status of your permit can be viewed by accessing the Town's [Permit Activity Map](#) which is accessible via the Planning and Inspections Department webpage.*

**Zoning Permit Type:**

**PROPERTY OWNER:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OWNER'S EMAIL:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**UNIT TYPE:** \_\_\_\_\_

**STRUCTURE USE:** \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_

**CONTRACTOR'S ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTRACTOR'S EMAIL:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**STATE LICENSE NO:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**COST OF PROJECT: \$** \_\_\_\_\_ **PROJECT DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In addition to a textual project description, you are required to provide an illustrative site plan or other applicable documentation to represent your property and the proposed development/project, including lot size, location of existing structures, setbacks, and the location of proposed development. If you are unable to accurately represent your property and development proposal in illustrative form, please provide a survey showing all required information. Zoning Permit approval is contingent upon your submission of detailed and accurate information and materials associated with your request.

\*\*I understand that the fee for this application is non-refundable. \_\_\_\_\_ (Initial)

\*\*I furthermore certify that I am authorized to grant and do in fact grant permission to Planning Staff and his/her agents to enter on the aforementioned lands in connection with evaluating information related to this permit application. \_\_\_\_\_ (Initial)

Print Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Section Is for Staff Use Only**

Zoning Permit # \_\_\_\_\_

Existing Use, Change of Use, Modification of Existing Conditions **\$75**

New Development (Vacant Lots) **\$100**

**PAID ( )**

**ZONING AUTHORIZATION BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED WITH THE FOLLOWING CONDITIONS:**

\_\_\_\_\_  
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