



Development Services Zoning Form Application

Date: _____

Please provide the following information

Tax ID Number: _____

Zoning of Subject Property: _____

District: _____

Subdivision Name _____ Lot # _____

Directions to Property from Rocky Mount: _____

Applicant's Name _____ Phone # _____

Mailing Address _____

Email Address _____

Owner's Name _____ Phone # _____

Mailing Address _____

Email Address _____

Purchaser's Name _____ Phone # _____

Mailing Address _____

Email Address _____

Description of Use: Stick Built/Modular Home Manufactured Home

Number of Bedrooms Perking for _____

Will this be the only home on the property? Yes No

If no, How many homes are currently on the property? _____

If Business, What type? _____ How many Employees? _____