



Town of Clayton
 Planning Department
 111 E. Second Street, Clayton, NC 27520
 P.O. Box 879, Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

ZONING VERIFICATION LETTER

Application Fee: \$50.00 per parcel; Fees are due at time of submittal.

SITE INFORMATION

Development Name: _____ Lot #: _____

Tag Number: _____ Address/Location: _____

Property Owner's Name: _____

Zoning District: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

ITEMS TO BE INCLUDED IN THE REQUEST

Please provide a description of items you wish to be included in the zoning verification letter. Additional sheets may be provided, if necessary. If the letter is to be made out to/mailed to a party other than the applicant, please specify that information below as well.

FOR OFFICE USE ONLY

Date Received: _____	Amount Paid: _____	Permit Number: _____
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APPLICANT AFFIDAVIT

I, the undersigned, do hereby make application and petition to the Planning Department of the Town of Clayton to approve the subject Zoning Verification Letter. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date