



# Town of WALLACE

North Carolina

## Zoning Verification/Compliance Certification Application

Date of Application: \_\_\_\_\_

Name if Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Interest in property: \_\_\_\_\_  
(Owner, Financial Institution, Citizen, Planning Agency, etc.)

Name of Property Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PURPOSE OF REQUEST**----->

Construction of a New Building\*

Addition or Alteration to an Existing Building\*

Install a Manufactured Home\*

Change of Occupancy of an Existing Building

\*A proposed plat map or other suitable diagram is required at time of application.

**DESCRIPTION OF PROPERTY**----->

Location of Property: \_\_\_\_\_

Current use of Property: \_\_\_\_\_

Within:  Wallace City Limits     ETJ    Duplin Co. PIN: \_\_\_\_\_

Dimension of Lot:    Width: \_\_\_\_\_ feet    Length: \_\_\_\_\_ feet    Acres: \_\_\_\_\_

Occupancy Type:  Single-Family Residential     Multi-Family Residential     Manufactured Home

Business     Other: \_\_\_\_\_

*I, as owner or agent, understand that I am making an application for zoning approval for construction and/or occupancy of a building within the zoning jurisdiction of the Town of Wallace and that I am responsible for all applicable fees due upon submittal of this application. I understand that no review will take place until all fees have been paid and the application has been submitted in full with all required information. I agree that all information listed above and attached is correct and true to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date