



**TOWN OF WALLACE**  
 316 East Murray Street  
 Wallace, NC 28466  
 Phone: 910-285-4136  
 Fax: 910-285-5136  
 mail@wallacenc.gov

# Zoning Compliance 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**----->

<input type="checkbox"/> Construction or Placement of a Building* <input type="checkbox"/> Addition or Alteration to an Existing Building* <input type="checkbox"/> Install a Manufactured Home* <input type="checkbox"/> Change of Occupancy of an Existing Building <input type="checkbox"/> Installation of a Fence* (survey may be required)	Description of Request: _____ _____ _____ _____
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\*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