



TOWN OF CLAYTON
PLANNING DEPARTMENT
 111 E Second Street
 Clayton, NC 27520
 919-553-5002

ZONING VERIFICATION LETTER

*All applications, plans, and supporting documents should be emailed to: PermitSubmittals@TownofClaytonNc.org
 Zoning Verification Fees are due at time of submittal. Fee information is at www.TownofClaytonNC.org/Fees*

SITE INFORMATION

Development Name: _____ **Lot #:** _____

Address/Location: _____

Tag Number: _____ **Zoning District:** _____

Property Owner's Name: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Contact Person: _____

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

