



TOWN OF HOPE MILLS

5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848

TELEPHONE (910) 426-4100 FAX (910) 429-3386

www.townofhopemills.com

APPLICATION FOR ZONING PERMIT

Project Location:

STREET AND LOCATION	SUBDIVISION	LOT #	PARCEL #

Contractor: _____ Telephone: _____

Address: _____

Property Owner/ Lessee: _____ Telephone: _____

Address: _____

Business Name: _____

PURPOSE OF STRUCTURE, SIGN, ADDITION, AND/OR SPECIAL EVENTS:

SIGNATURE OF APPLICANT: _____ **DATE:** _____

_____ **Office Use Only** _____

ZONING DISTRICT: _____

This application has been _____ **Approved** _____ **Denied**

Reason for Denial:

Remarks: _____

Upon approval this certifies that the Building and/or proposed use at the above location complies with the Zoning Ordinance of Hope Mills, North Carolina.

Zoning Officer Signature _____ **Date:** _____

Fee: _____

Permit Number: _____