



APPLICATION

Town of Princeton
PO Box 67 – 503 Dr. Donnie H Jones Jr West
Princeton, NC 27569
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- | | | |
|---|---|--|
| <input type="checkbox"/> ZONING PERMIT | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE |
| <input type="checkbox"/> LAND, WATER & SEWER USE PERMIT | <input type="checkbox"/> VARIANCE | <input type="checkbox"/> MINOR SUBDIVISION |
| <input type="checkbox"/> LAND USE PERMIT | <input type="checkbox"/> AMENDMENT (REZONE) | <input type="checkbox"/> MAJOR SUBDIVISION |
| <input type="checkbox"/> CERTIFICATE OF OCCUPANCY | <input type="checkbox"/> CHANGE OF USE | |

APPLICANT INFORMATION

NAME OF APPLICANT/PETITIONER: _____
 MAILING ADDRESS OF APPLICANT: _____
 TELEPHONE: _____ / _____ FAX: _____
 EMAIL: _____

PROPERTY INFORMATION

OWNER'S NAME(S): _____
 MAILING ADDRESS OF OWNER: _____
 TELEPHONE: _____ / _____
 EMAIL: _____
 SITE ADDRESS: _____
 PARCEL ID: _____

ZONING INFORMATION

- BUILDING SIGN LAND

ZONING DISTRICT: _____
 CURRENT USE: _____ CURRENT ZONING: _____
 PROPOSED USE: _____ PROPOSED ZONING: _____

CHANGE REQUEST INFORMATION

REQUESTED CHANGE(S): _____

 DATE TO BE OCCUPIED: _____
 CONDITIONS WHICH JUSTIFY APPLICATION: _____

 MAJOR/MINOR SUBDIVISION NAME: _____

CERTIFIED STATEMENT

I hereby certify that the statements made herein are true and that my proposed use of the land or building will comply with the Zoning Ordinance of the Town of Princeton. I will not allow the structure to be occupied until a certificate of occupancy is received.

Date: _____ Signature: _____

STAFF USE

PETITION NUMBER: _____ FEE PAID: \$ _____ DATE: _____
 DATES PUBLIC HEARING ADVERTISED: _____
 DATE PUBLIC HEARING SCHEDULED: _____
 PETITION: APPROVED DENIED