

**CITY OF ROANOKE RAPIDS
CERTIFICATE OF ZONING COMPLIANCE APPLICATION**

INFORMATION ABOUT THE SITE

SITE ADDRESS: _____

SITE OWNER: _____

INFORMATION ABOUT THE APPLICANT

APPLICANT: _____ APPLICANT'S PHONE: _____

APPLICANT'S ADDRESS: _____

PROPOSED ACTIVITY

- | | |
|--|--|
| <input type="checkbox"/> ACCESSORY STRUCTURE (MANUFACTURED) | <input type="checkbox"/> FENCE/WALL |
| <input type="checkbox"/> ACCESSORY STRUCTURE (CONSTRUCTED ON SITE) | <input type="checkbox"/> SWIMMING POOL |
| <input type="checkbox"/> ACCESSORY STRUCTURE ADDITION | <input type="checkbox"/> OTHER _____ |

PROPOSED DIMENSIONS: _____ CONTRACTOR: _____

SKETCH EXISTING CONDITIONS AND PROPOSED CHANGES OR ATTACH A SEPARATE SKETCH



ADDITIONAL COMMENTS:

APPLICANT'S SIGNATURE

DATE

The Zoning Administrator shall review this request and contact the applicant within 2 working days of receipt of the completed application.

PLANNING OFFICE USE ONLY

- APPROVED
 DENIED

APPLICATION FEE PAID

ZONING ADMINISTRATOR

DATE

ZONING DISTRICT