



**ZONING APPROVAL
FOR UTILITY CONNECTION**

Property Location _____
Owner _____ Tenant _____
Address _____ Address _____

Phone # _____ Phone # _____
Parcel ID _____
Zoning District _____

The Following use described is considered a permitted use at the above property location and conforms to all zoning regulations:

The undersigned states that all information provided to the Planning Department for purpose of this clearance is true and accurate.

Applicant Signature

Date

Agent, City of Statesville
Planning Department

Date

*Return completed form to Jay Daniels at
jdaniels@statesvillenc.net*