

GENERAL APPLICATION FORM

Docket No:		Date:	
Permit Fee:	Receipt #:		
Permit or Relief Requested:	Appeal*	Variance	Conditional Use Permit
Applicant		Owner:	
Address		_ Address	
Telephone			
Legal Relationship of Applicant to H	Property Owner:		
Purpose of Request:			
Property Location:			
Street Address:			
			Zoning District:
Number Of Buildings To Remain:	Gross Floor Area To Remain:		
Number Of Buildings Proposed: Gross Floor Area Of Proposed Buildings:			
Total Square Footage Of Land To I	Be Disturbed:	Estim	ated Cost Of Project:
Please provide clear directions (with landmarks) to the property:			

If needed to illustrate the appeal, or to request a variance or conditional use permit, please attach a plot plan.

The applicant (if an owner of the property) grants the members and staff of the Polk County Zoning Board of Adjustment, and the Polk County Zoning Administrator and members of his staff, the right to enter onto the property for purposes of making a site inspection in connection with this proceeding. This right of entry shall not extend to any of the interior of any structures or enclosures on the property.

Signature of Applicant

* Please attach a copy of the Zoning Administrator's written decision, if available.

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