



ZONING PERMIT

P.O. Drawer 357
201 South Main Street
Graham, NC 27253
(336) 570-6705
Fax (336) 570-6703
www.cityofgraham.com

Complete only the information on left side.

Purpose of Application

- Starting or Relocating a Business or Use
- Constructing a New Building or Structure
- Expanding an Existing Building or Structure
- Verification of Zoning District or Permitted Use
- Obtaining a Zoning Permit with Vested Rights

Name of Business: _____

Proposed Business or Activity/Use

Location: _____

Type of proposed business or use (describe activities):

Current or most recent type of activity/use:

Applicant

- Property Owner Business Owner

Other _____

Name: _____

Phone # _____

Email: _____

I have completed this application truthfully and to the best of my ability.

Signature of Applicant Date

to be completed by Zoning Official

Jurisdiction: City Limits ETJ

Current Zoning District(s): _____

Overlay District, if applicable:

- Historic S Main St/Hwy 87 E Harden St/Hwy 54

Use from the Table of Permitted Uses:

The proposed business or use, as described in this application, **IS permitted** at the location indicated.

The proposed business or use, as described in this application, **IS NOT permitted** at the location indicated.

Name and Title of Zoning Official

Signature of Zoning Official Date

Additional requirements that must be addressed before issuance of permits/licenses (see Zoning Official for details):

Special Use Permit _____

Off-Street Parking _____

Landscaping _____

Floodplain _____

Other _____

Remarks:

Tax Map#: _____ GPIN: _____

DEVID#: _____

to be completed by Zoning Official