



PLANNING AND DEVELOPMENT DEPARTMENT
CITY OF HIGH POINT
ZONING DETERMINATION REQUEST

Department Use Only: DATE RECEIVED BY

Please complete all items below, sign and date where indicated, and return or mail the completed form along with a check for \$25.00 made payable to the City of High Point to: City of High Point, Planning and Development Department, P.O. Box 230, High Point, NC 27261-0230.

- 1. Property Street Address:
2. Property Tax Parcel Number(s):
3. Describe in detail the land use or development currently located on this property (if any), or proposed to be located on this property. List and number any specific zoning or land use questions pertaining to this property you would like answered. (Attach a separate sheet to this form if necessary) (NOTE: If an Air Quality Permit Application is required by the State of North Carolina for your use(s) please include a completed application with this request.)

Blank lines for providing details for item 3.

4. Note SIC # or NAICS # of existing or proposed use (if known)

5. Name of person requesting information: (Print Name)

6. Daytime Phone: ()

7. Mailing address for response:

8. Provide E-MAIL ADDRESS, for copy to be sent when original is mailed:

I hereby request the City of High Point Planning & Development Department to research its public records and provide land use information regarding this property. I understand that if I do not provide complete information as requested, the Department may be unable to provide a complete confirmation of zoning or provide complete answers to my questions. I further understand that the zoning confirmation response I will receive does not constitute a permit for building or development, nor does it guarantee the procurement of any such permit, nor does it authorize the occupancy of any building or property.

SIGNATURE

DATE