



Zoning Change of Use Permit Application

(Plot Plan may be Required)

Street # _____ N,S,E,W _____ Street Name _____ AV, RD, ST, etc. _____ Suite _____

Project/Subdivision Name: _____ Phase: _____ Section: _____

Current Property Use (s):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Proposed Property Use (s):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Other Information:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Applicant

Printed Name _____ Phone _____

Corporation Limited Liability Company Trust Partnership Other: _____

By signature below, I hereby acknowledge, as/on behalf of (circle one) of the applicant the proposed use will comply with all applicable regulations of the Town of Huntersville Zoning and Code of Ordinances related to the use as indicated by Planning Department Staff.

Signature _____

Title _____ Email _____

Address of Applicant _____

Property Owner (if different than applicant)

* Printed Name _____ Phone _____

Corporation Limited Liability Company Trust Partnership Other: _____

By signature below, I hereby acknowledge, as/on behalf of (circle one) of the property owner the proposed use will comply with all applicable regulations of the Town of Huntersville Zoning and Code of Ordinances related to the use as indicated by Planning Department Staff.

Signature _____

Title _____ Email _____

Address of Applicant _____

* Property owner hereby grants permission to the Town of Huntersville personnel to enter the subject property for any purpose required in processing this application.

If signed by an agent on behalf of the Owner, this application MUST be accompanied by a notarized Limited Power of Attorney signed by the property owner (s), specifically authorizing the agent to act on the owner (s) behalf in signing this application. Failure of each owner, or their duly authorized agent, to sign, or failure to include the authority of the agent signed by the property owner, will result in an INVALID APPLICATION. **If additional space is needed for signatures, attach the Town of Huntersville Signature Addendum Form.**

For Planning Department Use Only

Parcel ID: _____ Zoning: _____ Huntersville Mecklenburg

Minimum Setbacks: Front _____ Left Side _____ Right Side _____ Rear _____ Corner Lot

Lot#: _____ Map#: _____ Page#: _____ Req'd Parking#: _____ Screening _____

Mecklenburg County Health Department Approval _____ Plot Plan _____ Zoning Inspection _____

Applicable Ordinance(s): _____

Permit Conditions

Approved By	Date Approved