



AP# _____
Date Rec'd: _____
Rec'd By: _____

Zoning Certificate of Occupancy Application

Property Location (Street Address) _____

Applicant's Name _____

Address _____

Telephone _____

E-Mail _____

Name of Business _____

Describe type of business _____

Will this business be located at your home? YES or NO (please circle)

I, hereby, certify that all of the information provided by me upon this application and all attachments are true and correct to the best of my knowledge. I, further, certify that I am familiar with all the requirements of the Unified Development Ordinance (UDO) concerning this proposed use and understand that any violation of the UDO will be grounds for revoking any permit issued based upon this application, including any subsequent permits or approvals given by the City of Gastonia.

Print Name of Applicant

Signature of Applicant

Date

Office Use			
Date Processed			
Processed by			
Parcel Identification Number			
Zoning District			
UDO Use Classification			
Is Use Allowed?	Please circle	YES	NO
Previous Use on Record			
Is Building Inspection Req.	Please circle	YES	NO