



Bryce A. Stuart Municipal Building  
Suite 328, 100 E. First Street  
Winston-Salem, NC 27101  
P.O. Box 2511  
Winston-Salem, NC 27102-2511

Phone: (336) 727-2624  
Fax: (336) 747-9428

## APPLICATION FOR SPECIAL USE PERMIT - ZBOA

Office Use:

Date \_\_\_\_\_ A.P. # \_\_\_\_\_ Zoning \_\_\_\_\_ Zoning Board \_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ Pin \_\_\_\_\_

*Applicant Information: all related fields must be filled in*

Address of Job \_\_\_\_\_ Last Use or Occupancy \_\_\_\_\_

Property Address \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Association with Property \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Address (if different than property address) \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Property Owner's Address (if different than property address) \_\_\_\_\_

Explanation for Special Use Permit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by:

Permit Office Staff \_\_\_\_\_ Date \_\_\_\_\_

Plan Review Staff \_\_\_\_\_ Date \_\_\_\_\_

The applicant hereby certifies and agrees as follows: 1) That he/she has read the above information and it is true and correct; 2) If any information supplied by applicant is incorrect or missing, appearance before the Board may be delayed; and 3) Approval by the Board is not guaranteed and refunds are not available.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_