

ZONING PLAN REVIEW APPLICATION



City of Roxboro
105 Lamar Street, Suite A
Roxboro, NC 27573
(336) 322-6018

Date Received

Review Fee

Decision

CONTACT INFORMATION

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Fax: _____

Developer Name: _____ Telephone: _____

Developer mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Property Owner Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Fax: _____

Design Firm Name: _____ Telephone: _____

Design Firm Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

PROJECT INFORMATION

Project Name: _____

Address or Location of Project: _____

Tax Map & Lot #: _____ Site Size: _____ Zoning: _____ Township: _____

Address: _____ City _____ State _____ Zip: _____

Watershed: _____ Flood Plain: YES NO Type of Land Use: _____ # of Lots: _____

PROPOSED TYPE OF PLAN/PLAT

COMMERCIAL/NON-RESIDENTIAL SITE PLAN REVIEW **EXEMPT PLAT** **MINOR SUBDIVISION PLAT**

PRELIMINARY PLAT **PRELIMINARY PLAN REVIEW** **MAJOR SUB. FINAL PLAT**

OTHER: _____

Reason For Plan/Plat Submission: _____