



CITY OF WINSTON-SALEM
INSPECTIONS DIVISION
APPLICATION FOR SPECIAL USE PERMIT
ZBOA



Office Use:

Date: A/P #: Zoning: Zoning Board:

Block: Lots: PIN:

Applicant Information:

Property Address: City: Zip Code:

Applicant's Name: Phone Number:

Applicant's Association with Property: Email:

Applicant's Address: City: State: Zip Code: (if different than Property Address)

Property Owner's Name: Phone Number:

Email:

Property Owner's Address: City: State: Zip Code: (if different than Property Address)

Explanation for Special Use Permit:

Multiple horizontal lines for providing a detailed explanation for the 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.

Signature of Applicant: Date: