



ZONING PERMIT APPLICATION

TOWN OF GASTON

ISSUE DATE: \_\_\_\_\_

The applicant hereby requests a Zoning Permit pursuant to Article 4 of the Zoning Ordinance to use the property described below in the following manner (Please describe the business activity in detail:

\_\_\_\_\_  
\_\_\_\_\_

Business

Name \_\_\_\_\_ # of Employees \_\_\_\_\_  
Address \_\_\_\_\_

Property Owner

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant

I certify that the information in this request is correct.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Initial here after you have received the Conditional Uses Regulations

<b>FOR OFFICE USE</b>			
TMS # _____	Zoning _____	Issued By _____	Date _____
Approved _____	By: _____	Date _____	
Denied _____	(Reason) _____	_____	
<b>NAICS CODE</b>			
Code # _____	Classification _____		
<b>FOR FINANCE OFFICE USE</b>			
Receipt# _____	Date _____	Business Lic Fee _____	

THIS PERMIT IS NOT VALID UNTIL THE BUSINESS LICENSE FEE HAS BEEN PAID