

ZONING LETTER APPLICATION

TOWN OF OAK ISLAND
Planning Department
4601 E. Oak Island Drive
Oak Island, NC 28465



Date: _____

Fee: \$75.00

Project Name (if applicable): _____

Section 1: Applicant Information

Petitioner Name: _____

Mailing Address:

Phone: _____

Email: _____

Section 2: Property Owner Information (if different than above)

Owner Name(s): _____

Mailing Address:

Phone: _____

Email: _____

Section 3: Property Information

Street Address and/or Description of Location:

Parcel ID #(s): _____

Information being requested:

Section 6: Applicant/Owner Signature

In filing this Zoning Letter Request, I hereby certify that I am authorized to submit this application and that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____