

CITY OF CLINTON
DEVELOPMENT PERMIT APPLICATION
CLINTON-SAMPSON PLANNING DEPARTMENT



A. APPLICANT/OWNER INFORMATION

Applicant Contact Information:

Name: _____
Mailing address: _____
Telephone: _____
Email: _____

Owner Contact Information (if different from applicant):

Name: _____
Mailing address: _____
Telephone: _____
Email: _____

B. PROPERTY INFORMATION

Address: _____
City: _____ State: _____ Zip Code: _____
Parcel ID #: _____ Deed Book: _____ Page: _____
Zoning District: _____
Request Use: _____
Relevant information related to permit application: _____

C. SIGNATURES

I, _____, the undersigned applicant, do hereby certify that to the best of my knowledge and belief all information supplied in and with this application is true and accurate. I understand by signing this application I am responsible for obtaining the proper permits from Sampson County Building Inspections and Environmental Health. Failure to obtain a Certificate of Occupancy Permit from Sampson County Building Inspections will render the zoning permit associated with this application invalid.

Applicant Signature **Date**

Property Owner Signature **Date**

APPROVED BY: _____ OFFICIAL USE ONLY DATE: _____