

CITY OF CLINTON  
DEVELOPMENT PERMIT APPLICATION  
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: \_\_\_\_\_

Attach relevant information related to permit application (site plan, survey, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

OFFICIAL USE ONLY

APPROVED BY: \_\_\_\_\_

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