



**Town of Wrightsville Beach  
Zoning Verification Request**

**(ZVR23/24)**

Please complete the sections below and submit this request to the Planning & Inspections Department for the Town of Wrightsville Beach along with a payment of \$100. Mailing address: P.O. Box 626 Wrightsville Beach, NC 28480.

**Property Information:**

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Use: \_\_\_\_\_

Lot Size: \_\_\_\_\_ acre      Structure Area: \_\_\_\_\_ sq ft

**List the information that needs to be included in the Zoning Verification Document:**

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

\*\*I understand that the fee for this application/request is non-refundable.\*\* \_\_\_\_\_ (Initial)

\*\*I furthermore certify that I am authorized to grant and do in fact grant permission to Planning Staff and his/her agents to enter on the aforementioned lands in connection with evaluating information related to this permit application.\*\* \_\_\_\_\_ (Initial)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use:**

**Notes:**

Zoning District: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Land Use: \_\_\_\_\_

Conforming: Yes: \_\_\_ No: \_\_\_

Application Received On: \_\_\_\_\_

Fee Received: Yes: \_\_\_ No: \_\_\_

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