



Permit # \_\_\_\_\_

**TOWN OF ELON**  
104 S. Williamson Avenue  
Planning & Zoning  
336-584-2859 336-584-5334 (fax)

**CERTIFICATE OF PLANNING COMPLIANCE**

Site Plan May Be Required (tbd by Planning Director)

Subject Property Street Address: \_\_\_\_\_

Use Requested:  Starting or Relocating a Business  Constructing a New Building or Structure  
 Expanding an Existing Building or Structure  Verification of Zoning District or Permitted Uses  
 Other (describe) \_\_\_\_\_

Applicant (name/company name): \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

I further certify that I, the undersigned, am the owner of the subject property or I am making application with the full authority of the owner(s) and the statements herein are true and correct to the best of my knowledge. I also certify that I have or will comply with all applicable Town of Elon, Alamance County, or State of North Carolina Statutes, Codes, Ordinances or Regulations.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Owner (if different from Applicant) \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Zoning Official:**

Jurisdiction:  Town Limits  ETJ Planning District/Overlay: \_\_\_\_\_

Request is:  Approved  Denied Date: \_\_\_\_\_ Zoning Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

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