FAYETTEVILLE NC
DEVELOPMENT SERVICES

Zoning Verification Form

Daycare - Church - Bar/Night Club
Therapeutic or Group Homes

Date of Request: _____

☐ Daycare ☐ Church ☐ Bar/Nightclub 500' Radius Check

Please Complete Item

Name: _____

Contact Numbers: _____ Email: _____

Location Address: _____

-Area Below For Zoning Use Only-

☐ Approved ☐ Not Approved

Conditions: _____ Explanation: _____

Print Name of Zoning Official _____

Signature _____

Approval Valid Until _____

☐ Therapeutic Home ☐ Group Home 2,640' Radius Check

Please Complete Item

Name: _____

Contact Numbers: _____ Email: _____

Location Address: _____

-Area Below For Zoning Use Only-

☐ Approved ☐ Not Approved

Conditions: _____ Explanation: _____

Print Name of Zoning Official _____

Signature _____

Approval Valid Until _____

Notes: _____