



**TOWN OF ABERDEEN**  
**CERTIFICATE OF ZONING COMPLIANCE**  
 115 N. Poplar Street  
 Planning / Zoning / Inspections  
 910-944-7024  
 910-944-7459 (fax)

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

Amount: \_\_\_\_\_

Approved \_\_\_\_\_  
 Denied \_\_\_\_\_

Subject Property Street Address: \_\_\_\_\_ Use Requested: \_\_\_\_\_

Applicant: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Office Use: In-Town \_\_\_\_\_ Out-of-Town \_\_\_\_\_

Moore County Tax Department Property Records: PIN# \_\_\_\_\_ LRK# \_\_\_\_\_

Lot Size: \_\_\_\_\_ Deed Book \_\_\_\_\_ Page \_\_\_\_\_ Census Tract # \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Setbacks: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Flood Plain: Map# \_\_\_\_\_ Date of Map \_\_\_\_\_ Firm Zone \_\_\_\_\_

**I as the applicant understand that I am responsible for complying with the following marked items before a Certificate of Occupancy may be granted or issued:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annexation Application            | <input type="checkbox"/> Historic Preservation    | <input type="checkbox"/> Plan Review              |
| <input type="checkbox"/> Buffer/Screen Requirements        | <input type="checkbox"/> Moore County Health Dept | <input type="checkbox"/> Water/Sewer Tap Approval |
| <input type="checkbox"/> Driveway Permits – NC DOT or TOWN | <input type="checkbox"/> Parking Requirements     | <input type="checkbox"/> Zoning                   |
| <input type="checkbox"/> Fire Inspection                   | <input type="checkbox"/> Sign Code                | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> North Carolina Building Codes     | <input type="checkbox"/> Privilege License        |   |

**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 Aberdeen, Moore County, or State of North Carolina Statutes, Codes, Ordinances or Regulations.**

Applicant/Owner \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

**Official Use**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_