



Planning & Neighborhood Services  
P.O. Box 2430  
Indian Trail, NC 28079  
Telephone 704-821-5401  
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# Zoning Interpretation Application

To be heard by Indian Trail Board of Adjustments

## Applicant Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Description of Request

Section of Unified Development Ordinance to receive the interpretation:

\_\_\_\_\_

Please attach a detailed Letter of Intent

I certify that all the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TOWN OF INDIAN TRAIL OFFICE USE ONLY

CASE NUMBER: \_\_\_\_\_

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

AMOUNT OF FEE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_