



**HERTFORD COUNTY
Planning & Zoning Department**

**115 Justice Drive, Suite 2
P. O. Box 429
Winton, NC 27986**

Date _____

Hertford County
Zoning Board of Adjustment
P. O. Box 429
Winton, NC 27986

Dear Board:

I, _____, request of the Hertford
County Zoning Board of Adjustment to grant me a Conditional Use Permit to

My property is located on _____.

My Property Identification Number is _____.

I am Enclosing the required \$75.00 Application Fee. (Please make checks payable to Hertford
County Planning Department)

Sincerely,

Property Owner's Signature

Address:

Phone:

Enclosure

Office Use Only	
Date Received _____	Cash/Check/MO. _____
Application Fee _____	Receipt # _____