

TOWN OF LILLINGTON

ZONING PERMIT APPLICATION

Planning & Inspections Department 106 West Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-0311 •fax 910-893-3693 lillingtonnc.org

APPLICANT INFORMATION		
Applicant: Emily Plack		
Address: 3500 Regency PKWY St. 100		
City: CATY State: NC Zip: 27518		
Address: 3500 Regency PKWY St. 100 City: CAry State: NC zip: 27518 Phone: 336 944 3649 Email: emily, flack@americantower		
Property Owner (if different from applicant): American Tower		
Address: 3500 Regency Pkwy St. 100		
City: CAM State: NC Zip: 27518		
City: CANY State: NC zip: 27518 Phone: 3369443649 Email: emily, flack@american		
PROJECT TYPE		
Zoning Permit Requested: Land Usage (new business, etc.) Construction		
Proposed Use Requested: Residential Structure Non-Residential Structure Accessory Structure		
☐ Business ☐ Swimming Pool ☐ Manufactured Home ☐ Home Occupation ☐ Deck / Porch		
Renovation / Repair Pother generator Install		
GENERAL PROJECT INFORMATION		
GENERAL I ROJECT INFORMATION		
Project Address/Location: 155 Addre Webb Lane		
Subdivision (phase / lot number): Zoning District:		
Size of Property (in acres):		
Special Flood Hazard Area: Yes No (if Yes, a Floodplain Development Permit may be required)		
Watershed Information: 🗖 Not located in one 🗆 Cape Fear – Critical 🗀 Cape Fear – Protected		
Project Square Footage: 481 Town Jurisdiction: In-Town Limits ETJ		

DESCRIPTION OF WORK	
Description of work to be completed for this project:	
American Tower is installing a small on an existing cell phone tower to un case of an emergency.	I harking governton
Ma an evitage call depend to the	i knowp generally
on all alling the proper tower to	o provide coverage
in case of an emergency.	
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For Land Usage requests, please describe the proposed use in detail (example: provide	a detailed description of proposed business)
SIGNATURES	
I / we do hereby certify that all information given above is true, complete and acc	surate to the hest of my / our knowledge
I also authorize the Town of Lillington or a contractor on behalf of the town to co	onduct a site inspection to insure
compliance to this application. I also understand that this Zoning Permits will exissuance, if the work is not started. A final inspection is required for all developments.	pire six (6) months from the date of nent permits issued by the Town of
Lillington. To schedule an inspection, please call 910-893-2654.	, p
Gimily GACK, Comilia Flacks	1/2/2/19
Applicant Print Name Applicant Signature	Date
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FOR TOWN OF LILLINTON USE ONLY	Land and the
☐ Approval ☐ Denial Permit Number:	
Zoning Administrator's Signature:	Date:
Reason for Denial:	