



APPLICATION FOR ZONING PERMIT

This permit applies to any new construction, alteration, addition, sign, or repair of building(s) hereby listed and the placement of accessory structure(s).

Permit Number: _____ **Date Submitted:** _____

Name(s), Address(s), and Phone Number(s) of Property Owner(s):

Name(s), Address(s), and Phone Number(s) of Business:

Contractor/Fabricator:

Structure Currently used for: _____
Tax Map #: _____ **Parcel #:** _____

Permit Requested for:

____ New Construction ____ Alterations ____ Repairs ____ Signs
____ Demolition/Moving ____ Driveway Cut ____ Additions

Other Description: _____

Current Zoning District: _____ **Corner Lot:** ____ Yes ____ No
Watershed Classification: _____
Lot Size: _____ **Width:** _____ **Depth:** _____
Set Back: ____ Yes ____ No (If Yes): **Front Yard** _____ **Side Yard** _____ **Rear Yard** _____
City Water Available: ____ Yes ____ No **City Sewer Available:** ____ Yes ____ No

Signature of Applicant: _____ **Date:** _____

**Permit is valid for 6 (six) months only.
**If dimensional requirements are not adhered to, this permit will become invalid. All applications for a zoning permit shall be accompanied by two sets of plans showing the dimensions and shape of the parcel to be built upon; the exact size, uses and locations on the parcel of buildings already existing, if any, and the location and dimensions of the proposed building or alterations. All signs must be out of the DOT right-of-way. Check with NCDOT for the ROW where you wish to locate a sign. Refer to schedule of fees for zoning permit fee.*

<u>STAFF NOTES</u>	
Application Approved: ____ Yes ____ No	Fee Paid: \$ _____
Signature of Zoning Officer: _____	Date: _____
Additional Details: (<input type="checkbox"/> Binding for Permit to Remain Valid)	
