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.

STAFF NOTES

Application Approved: ___ Yes ___ No Fee Paid: $________________________

Signature of Zoning Officer: __________________________ Date: __________________________

Additional Details: (☐) Binding for Permit to Remain Valid)