

Town of Chadbourn Zoning Compliance Permit/ Application

DATE: _____ ZONING COMPLAINE PERMIT/ APPLICATION NO: _____

APPLICATION FOR:

- | | | |
|---|--|---|
| <input type="checkbox"/> CONSTRUCTION OF A BUILDING | <input type="checkbox"/> CHANGE OF THE USE | <input type="checkbox"/> ERECTION OF A SIGN |
| <input type="checkbox"/> ALTERATION OF A BUILDING | <input type="checkbox"/> HOME OCCUPATION | <input type="checkbox"/> RELOCATION OF A BUILDING |

APPLICANT:

NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

ADDRESS OF PROPERTY (if different from mailing address): _____

PROPERTY OWNER (if different from applicant):

NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

CONTRACTOR:

NAME: _____ PHONE NO: _____

STATE LICENSE #: _____ TOWN OF CHADBURN PRIVILEGE LICENSE PAID? Yes _____

MAILING ADDRESS: _____

DESCRIPTION OF PROPERTY:

TAX MAP ID#/PIN #: _____ IS PROPERTY WITHIN 100-YEAR FLOODPLAIN: ____ YES ____ NO

LOT DIMENSIONS (As Apply):

STRUCTURE DIMENSIONS:

Length _____
Width _____
Area _____
Frontage from Right of Way _____
Is this a corner lot? _____

Length _____
Width _____
Height _____
Principal Structure _____
Accessory Structure _____

TYPE OF USE: SINGLE FAMILY RESIDENTIAL INDUSTRIAL
 MULTI FAMILY RESIDENTIAL ACCESSORY
 COMMERCIAL INSTITUTIONAL

EXISTING STRUCTURES ON PROPERTY: VACANT LOT; NO BUILDINGS OR MANUFACTURED HOMES ON PROPERTY
 SITE-BUILT HOME
 MANUFACTURED HOME
 COMMERCIAL OR INDUSTRIAL BUILDING
 ACCESSORY BUILDING (INCLUDED DETACHED CARPORTS, GARAGES, AND STORAGE BUILDINGS)

UTILITY SERVICE: TOWN WATER SEPTIC TANK
 TOWN SEWER GAS
 WELL ELECTRICITY

IS THE STRUCTURE IN THE RIGHT-OF-WAY OF: TOWN UTILITIES RAILROAD
 NCDOT OR TOWN ROAD NONE
 PROPOSED THOROUGHFARE

DESCRIPTION OF ZONING:

ZONING DISTRICT: _____ () TOWN LIMITS () EXTRA TERRITORIAL JURISDICTION

BUILDING SETBACKS:	<u>REQUIRED</u>	<u>PROPOSED</u>
Front yard	_____	_____
Rear yard	_____	_____
Side yard, left	_____	_____
Side yard, right	_____	_____
Height	_____	_____
Maximum Lot Coverage	_____	_____
Maximum Density	_____	_____

COMMENTS: _____

DESCRIPTION OF PROPOSED WORK:

REQUIRED ATTACHMENTS:

1. A sketch must be provided that shows all setbacks from the property lines/ right-of-ways, all primary and accessory buildings, all building dimensions, and any off-street parking or loading areas that are required.
2. For all new construction of primary buildings, a copy of the recorded plat/survey will need to be attached to this application. A copy of this can be obtained from the Register of Deeds office.

NOTES:

1. An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date, or if the work authorized by it is suspended or abandoned for a period of one year, unless vested rights is requested, then this permit is valid for a period of two (2) years.
2. The Zoning Administrator must be notified to make onsite inspection once the set back lines have been identified on-site (for new construction).
3. The Zoning Administrator will attempt to make zoning determinations within three (3) business days of submission of a fully-completed application.

OWNER/APPLICANT STATEMENT: I certify that I am the property owner or truly represent the property owner(s). I certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge. I understand that the Town of Chadbourn is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Chadbourn Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinance will be grounds for revoking this permit and any other permits issued in reliance upon the same.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPROVED DISAPPROVED BY:

SIGNATURE OF ZONING OFFICIAL: _____ DATE: _____

COMMENTS: _____
