

# Town of Chadbourn Zoning Compliance Permit/ Application

DATE: \_\_\_\_\_ ZONING COMPLAINECE PERMIT/ APPLICATION NO: \_\_\_\_\_

APPLICATION FOR:

- CONSTRUCTION OF A BUILDING       CHANGE OF THE USE       ERECTION OF A SIGN  
 ALTERATION OF A BUILDING       HOME OCCUPATION       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 CHADBOURN 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: \_\_\_\_\_