

## ZONING PERMIT

PLEASE COMPLETE ALL INFORMATION DOWN TO THE DOTTED LINE

Date: \_\_\_\_\_ Permit No: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Having made application for a Zoning Permit for one of the following purposes: Change of use, new development, or certificate of occupancy to occupy or construct a building.

Located at (number) \_\_\_\_\_ (street)

To be used as (specify) \_\_\_\_\_

### INFORMATION

Contractor \_\_\_\_\_ Property Owner \_\_\_\_\_

Size of Lot \_\_\_\_\_ Size of Proposed buildings \_\_\_\_\_

Tax Map ID \_\_\_\_\_ Well \_\_\_\_\_ Town Water \_\_\_\_\_ Septic \_\_\_\_\_ Town Sewer \_\_\_\_\_

An Acceptable Site Plan is required to be attached to this application. Tax Maps from the Tax office may be accepted as a Site Plan for existing structures. All new construction will require a Surveyed Site Plan.

Erosion Control measures should be used according to the State and County Requirements

Lots where well and/or Septic tank are to be install shall be approved by Warren Co. Health Dept.

Site plan shall show Building Footprints, Utilities, R/W, Property Lines, and be to Scale and tied to a USGS monument if within 1500' of such monument. Digital files are preferred and in a .dwg format.

A certificate of Occupancy must be obtained from Warren County Code Enforcement prior to occupancy

I hereby understand and agree to comply with all provisions of the Town of Norlina Zoning Ordinance.

Signature \_\_\_\_\_  
Name of Owner or Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**ALL PERMITS ARE VALID FOR SIX MONTHS FROM APPROVAL DATE**

### ZONING REQUIREMENTS

Use No. \_\_\_\_\_ Minimum Lot Area \_\_\_\_\_ Lot Width \_\_\_\_\_

Minimum Setbacks: Front Yd. \_\_\_\_\_ Side Yd. \_\_\_\_\_ Rear Yd. \_\_\_\_\_

Maximum Height of Structure \_\_\_\_\_ Zoning District \_\_\_\_\_ City \_\_\_\_\_ ETJ \_\_\_\_\_

Off Street Parking Spaces \_\_\_\_\_ (Gravel or Paved) \_\_\_\_\_ Flood Zone \_\_\_\_\_

Maximum Percentage of Cover \_\_\_\_\_ Water Tap Available \_\_\_\_\_ Sewer Tap Available \_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Failure to comply with the above as approved will void and revoke this permit.