

# ZONING PERMIT

## Town of Hildebran



DATE: \_\_\_\_\_

ZONING PERMIT NO: \_\_\_\_\_

APPLICANT/BUSINESS NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PROPERTY OWNER NAME (if different from applicant name): \_\_\_\_\_

MAILING ADDRESS (if different from project address): \_\_\_\_\_

PROPERTY IDENTIFICATION NUMBER (PIN): \_\_\_\_\_

- PERMIT REQUESTED:**
- |   |   |
|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION     | <input type="checkbox"/> EXCAVATION/FILLING         |
| <input type="checkbox"/> REMODELING           | <input type="checkbox"/> MECHANICAL                 |
| <input type="checkbox"/> EXPANSION/ALTERATION | <input type="checkbox"/> ELECTRICAL                 |
| <input type="checkbox"/> MANUFACTURED HOME    | <input type="checkbox"/> SEPTIC TANK                |
| <input type="checkbox"/> HOME OCCUPATION      | <input type="checkbox"/> PLUMBING                   |
| <input type="checkbox"/> FENCING              | <input type="checkbox"/> DEMOLITION (SEE BACK PAGE) |
| <input type="checkbox"/> ACCESSORY BUILDING   | <input type="checkbox"/> SIGN (SEE BACK PAGE)       |
| <input type="checkbox"/> GRADING              | <input type="checkbox"/> SITE PREPARATION           |

**DESCRIPTION OF WORK:** \_\_\_\_\_

**NOTES/CONDITIONS/REQUIREMENTS:** \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ STATE LICENSE NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**TOTAL ESTIMATED COST: \$** \_\_\_\_\_

**ZONING INFORMATION:** ZONING DISTRICT: \_\_\_\_\_

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

IS THIS PROPERTY WITHIN A WATERSHED CRITICAL AREA?  
 NO  YES / COMM. PANEL # \_\_\_\_\_

FLOOD PLAIN ZONE: \_\_\_\_\_

WILL THIS DEVELOPMENT/REDEVELOPMENT DISTURB >1 ACRE?  
 NO  YES (IF YES, STORMWATER PERMIT REQUIRED)

**APPLICATION CONTINUED ON REVERSE SIDE**

**BUFFER REQUIRED:**

NO  YES, IN ACCORDANCE WITH: \_\_\_\_\_

**BUILDING SETBACKS:** FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_

CORNER LOT - SIDE ROAD \_\_\_\_\_

1 STORY  2 STORY  SPLIT LEVEL

**LOT AREA:** \_\_\_\_\_

**TYPE OF DRIVEWAY PERMIT REQUIRED:**

NC DOT  NOT APPLICABLE

**UTILITIES INFORMATION:**

**UTILITY SERVICE:**

PUBLIC WATER

SEPTIC TANK

PUBLIC SEWER

GAS

WELL

ELECTRICITY

**REQUIRED OFF STREET PARKING SPACES:** \_\_\_\_\_

**PROPOSED OFF STREET PARKING SPACES:** \_\_\_\_\_

**DEMOLITION PLANS:**

WHERE IS THE DUMPSITE? \_\_\_\_\_

WHICH ROADS/STREETS WILL BE TRAVELED? \_\_\_\_\_

WHAT TYPE OF MATERIALS WILL BE DUMPED? \_\_\_\_\_

**SIGN INFORMATION:**

**HEIGHT OF SIGN:** \_\_\_\_\_

**AREA (SQUARE FEET):** \_\_\_\_\_

**DISTANCE FROM RIGHT OF WAY:** \_\_\_\_\_

**TYPE OF SIGN:**  FREE-STANDING

BANNER (Temporary)

WALL ATTACHED

OFF SITE

PORTABLE (Temporary)

SUSPENDED

**WILL SIGN HAVE ELECTRICAL SERVICE?**  YES  NO

**TYPE OF ILLUMINATION:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all Town Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ZONING ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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.

**ZP 2020**

**COST OF PERMIT:** (\$25.00) RESIDENTIAL ZONING PERMIT (\$50.00) COMMERCIAL ZONING PERMIT  
(\$5.00) RESIDENTIAL ACCESSORY