

DEVELOPMENT PERMIT

Town of Hildebran



Date Permit Number
(Town Use Only)

Applicant/Business Name Phone:

Address of Property:

Property Owner Name
(if different than applicant)

Mailing Address
(If different from project address)

Parcel Number (PIN)

Permit Type Requested:

New Construction	<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>	Manufactured Home	<input type="checkbox"/>
Expansion/Alteration	<input type="checkbox"/>	Remodeling	<input type="checkbox"/>	Change of Use/Occupancy	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	Evacuation/Filling	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Septic Tank	<input type="checkbox"/>	Home Occupation	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	Grading	<input type="checkbox"/>	Other (Specify Below)	<input type="checkbox"/>

Describe Your Project:

Contractor Name: License No: Phone:

Address: Estimated Project Cost:

Notes/Conditions (Town Staff Use Only):

Please attach a site plan and other documents showing the material below, as relevant to your project

Contact the Planner if you are unsure what you need to include.

- Location of New Structure or Structures
- Location of Existing Structures
- Distance of Structures to Each Other and to Property Lines
- New Building Height
- New Building Square Footage
- Driveway Location
- Location/Dimensions of Any Required Buffers
- Parking
- % Impervious Surface, if in regulated watershed
- Facade Material, if in Interstate Overlay District

Site Information (Fill out as much as you know):

Zoning District

Type of Use:	Single Family Residential <input type="checkbox"/>	Multifamily Residential <input type="checkbox"/>
	Industrial/Manufacturing <input type="checkbox"/>	Commercial <input type="checkbox"/>
	Institutional <input type="checkbox"/>	Accessory <input type="checkbox"/>

Is this property in a regulated watershed? (Check Burke GIS or ask if you do not know) No Yes Please specify

Is this property in a flood zone or floodway? (Check Burke GIS or ask if you do not know) No Yes Please specify

Will the use require a buffer? (This is usually for commercial projects - ask planner/zoning admin) No Yes Please specify

Required Setbacks: (These are minimums. Attach a site plan with your proposed setbacks.) Front Side Rear
Side Street (for corner lots) Accessory (from principal building)

Total Lot Area: Total Impervious Area: (buildings, parking, paving, etc)

Driveway Permit Required? (If yes, contact NCDOT and submit to Town) No Yes Date Received:

Utilities and Parking:

Please check all existing or planned utilities on site:

Public Water <input type="checkbox"/>	Public Sewer <input type="checkbox"/>
Septic Tank <input type="checkbox"/>	Gas <input type="checkbox"/>
Well <input type="checkbox"/>	Electricity <input type="checkbox"/>

Required Parking Spaces: Proposed Parking Spaces:

Demolitions:

Where is the dump site?

What roads will be traveled?

What materials will be dumped?

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.

Applicant Signature Date

Zoning Admin Signature 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.

Permit Fees Residential Zoning Permit: \$50 Commercial Zoning Permit \$100 Residential Accessory: \$25