



( ) PROPOSED THOROUGHFARE

**DESCRIPTION OF ZONING**

ZONING DISTRICT: \_\_\_\_\_ ( ) TOWN LIMITS ( ) EXTRATERRITORIAL JURISDICTION

BUILDING SETBACKS: REQUIRED PROPOSED

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 site plan or sketch that shows **THE LOCATION OF** all proposed building(s), driveways, **WATER AND SEWER LINES, WATER AND SEWER SERVICE METERS**, setbacks from the property lines/right-of-ways, all primary and accessory buildings –existing or proposed , all building dimensions and any off-street parking or loading areas or other site elements.
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.
3. Driveway Permit Application with required attachments.
4. Application fee Commercial \$100.00 Residential \$75.00

**NOTES:**

1. An approved Permit shall expire and be cancelled 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 Planning Department must be notified to make on-site inspections once the setback lines have been identified on site (for new construction.)
3. The Planning Department will attempt to make zoning determinations within four (4) 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 correct to the best of my knowledge. I understand that the Town of Sharpsburg is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Sharpsburg Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinances 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: \_\_\_\_\_