Town of Sharpsburg Zoning Compliance Permit/Application

DATE:	ZONING COMP	ZONING COMPLIANCE PERMIT/APPLICATION NO		
APPLICATION FOR:				
* /	N OF A BUILDING () CHA F A BUILDING () REL	NGE OF USE OCATION OF A BUILDING	() OTHER	
APPLICANT				
NAME:		PHONE NO:		
MAILING ADDRESS:				
ADDRESS OF PROPERTY	(if different from mailing	address):		
PROPERTY OWNER (if di	ifferent from applicant):			
NAME:		PHONE NO:		
MAILING ADDRESS:				
CONTRACTOR:				
NAME:		PHONE NO:		
STATE LICENSE #:		TOWN OF SHARPSE	BURG PRIVILEGE LICENSE PAID?	
MAILING ADDRESS:				
DESCRIPTION OF PROPI	ERTY:			
TAX MAP ID#/PIN#:	IS	S PROPERTY WITHIN 100-Y	YEAR FLOODPLAIN:YESNO	
LOT DIMENSIONS (As App	oly):	STRUCTURE DIMENSIO	ONS:	
Length Width		VV7: J41-		
Area		Height		
Frontage from Right Is this a corner lot?	at of Way		re ure	
	() SINGLE FAMILY RES () MULTI-FAMILY RESI () COMMERCIAL	IDENTIAL () INC	OUSTRIAL CESSORY TITUTIONAL	
EXISTING STRUCTURES (ON PROPERTY: () VAC	CANT LOT (No Buildings or	Manufactured Homes on Property)	
	() SIT	E-BUILT HOME		
	() MA	NUFACTURED HOME		
	() COI	MMERCIAL OR INDUSTRIA	AL BUILDING	
		CESSORY BUILDING (Inclurage Buildings)	ding Detached Carports, Garages and	
UTILITY SERVIC	E: () TOWN WAT	ER () SEP	TIC TANK	
	() TOWN SEWI	ER () GAS	S	
	() WELL	()ELF	ECTRICITY	
IS THE STRUCTURE IN TH	IE RIGHT-OF-WAY OF:	() TOWN UTILITIES	() RAILROAD	
		() NC DOT OR TOWN R	OAD () NONE	

() 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	<u> </u>	
LINES, WATER AND SEWER and accessory buildings –existing other site elements.	R SERVICE METERS, setbag or proposed, all building din mary buildings, a copy of the e obtained from the Register of th required attachments.	posed building(s), driveways, WATER AND SEWER acks from the property lines/right-of-ways, all primary mensions and any off-street parking or loading areas or recorded plat/survey will need to be attached to this Deeds office.
months of its issued date, or if the vested rights is requested, then the construction.) The Planning Department must be site (for new construction.)	ne work authorized by it is sus is permit is valid for a period of the notified to make on-site insp	work authorized by it shall have begun within six (6 spended or abandoned for a period of one year, unless f two (2) years. pections once the setback lines have been identified or lations within four (4) business days of submission of a
that the foregoing statements are accurate of bound by oral or written assertions or rep Ordinances and Laws of the State of Nor	correct to the best of my knowledge presentations of its staff memorial the Carolina regulating such was a suc	owner or truly represent the property owner(s). I certify ledge. I understand that the Town of Sharpsburg is no bers. I agree to conform to all Town of Sharpsburg work and any plans or specifications submitted. Any rmit and any other permits issued in reliance upon the
SIGNATURE OF APPLICANT:		DATE:
APPROVED DISAPPROV	VED BY:	
SIGNATURE OF ZONING OFFICIAL:		DATE:

COMMENTS:____