



ZONING CERTIFICATE
TOWN OF SHARPSBURG
P O BOX 1759
SHARPSBURG NC 27878
PHONE: (252) 446-9441
FAX: (252) 977-7488

DATE
PERMIT NUMBER

PERMIT CLASS		APPLICATION/CURRENT ADDRESS	
PARCEL NUMBER	ZONING		
ASSIGNED ADDRESS			
CONTRACTOR:		TOWNSHIP:	
PROPERTY OWNER:		CENSUS TRACT:	

LOCATION: _____

Permit to:

erect a structure relocate a structure other (explain) _____

place a mobile home add to existing structure _____

Type of Use: _____ Watershed: _____ Flood Hazard: _____

MAIN STRUCTURE INFORMATION

Lot Size: _____ Front Yard (in feet): _____

Height (Stores in feet): _____ Side Yards: Interior: _____ Corner: _____

No. of family units: _____ Rear Yard: _____

ACCESSORY BUILDING INFORMATION

Description (including use): _____ Setback from rear lot lines: _____

_____ Setback from side lot lines: _____

Height: _____ Setback from main bldg.: _____

The provisions of the Town of _____ Zoning Ordinance requirements and where at variance with requirements of other lawfully adopted regulations, the most restrictive or that imposing the higher standards shall govern.

Date: _____

Signature of Applicant

Signature of Zoning Enforcement

Comments _____

Permit to construct or repair shall be void and of no effect if construction hereunder is not begun within six (6) months from this date.