



(Town Assigned) APPLICATION NO. _____

Town of Sharpsburg Zoning Compliance Permit/Application

DATE: _____

APPLICANT

NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____ EMAIL: _____

ADDRESS OF PROPERTY: _____

BUSINESS NAME (if applicable)

—

PROPERTY OWNER (if different from applicant):

NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

EMAIL: _____

CONTRACTOR:

NAME: _____ PHONE NO: _____

STATE LICENSE #: _____ EMAIL: _____

MAILING ADDRESS: _____

APPLICATION FOR: _____ CONSTRUCTION OF A BUILDING _____ CHANGE OF USE _____ BUILDING ALTERATION
_____ MANUFACTURED HOME _____ TEMPORARY USE or EVENT _____ OTHER

DESCRIPTION OF PROPOSED WORK, PROJECT, ACTIVITIES:

DESCRIPTION OF PROPERTY: ADDRESS: _____

TAX MAP ID or PIN#: _____ IS PROPERTY IN A 100-YEAR FLOODPLAIN: ___ YES ___ NO

LOT DIMENSIONS (As Apply):

Length _____
Width _____
Area _____

STRUCTURE DIMENSIONS:

Length _____
Width _____
Height _____

Is this a corner lot? ___ YES ___ NO

Accessory Structure _____

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

EXISTING STRUCTURES ON PROPERTY: ___ VACANT LOT (No Buildings or Manufactured Homes on Property)
___ SITE-BUILT or MODULAR HOME
___ MANUFACTURED HOME
___ COMMERCIAL OR INDUSTRIAL BUILDING
___ ACCESSORY BUILDING or STRUCTURE (Including Detached Carports, Garages, Storage Buildings, pool, fence)

UTILITY SERVICE: _____ TOWN WATER _____ SEPTIC TANK _____ WELL
_____ TOWN SEWER _____ TOWN ELECTRIC _____ DUKE ELEC



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DESCRIPTION OF ZONING

ZONING DISTRICT: _____ **__ IN TOWN LIMITS** **__ EXTRATERRITORIAL JURISDICTION**

BUILDING SETBACKS:	<u>REQUIRED MINIMUM</u>	<u>PROPOSED</u>
Front yard	_____	_____
Rear yard	_____	_____
Side yard, left	_____	_____
Side yard, right	_____	_____
Side yard, corner	_____	_____
Maximum lot coverage	_____	_____

COMMENTS: _____

REQUIRED ATTACHMENTS:

1. A SITE PLAN DRAWN TO SCALE THAT SHOWS THE LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS, ADDITIONS, FENCING, PARKING LAYOUT AND LOADING ZONES, DRIVEWAYS, WATER AND SEWER LINES, WATER AND SEWER SERVICE METERS, SETBACKS FROM THE PROPERTY LINES/RIGHT-OF-WAYS. SHOW ALL BUILDING DIMENSIONS, TREE PLANTINGS AND BUFFER YARDS, FENCES, 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 for new or modified driveways.
4. Additional site plan requirements and permit applications may apply depending on the type of project (contact Planning Department)
5. Application fee

NOTES:

1. Except for authorized Temporary Use or Event having specified time limits, an approved Zoning Compliance/Application 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 and approved for longer periods in accordance with NCGS 160D-108.
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 and subject the violator to penalties, civil citations, and/or other enforcement actions provided by the Zoning Ordinance.

APPLICANT (PRINT NAME/SIGN): _____ **DATE:** _____

OWNER or AUTHORIZED AGENT (PRINT NAME/SIGN): _____ **DATE:** _____

APPROVED ___ **DISAPPROVED** ___

BY ZONING OFFICIAL SIGNATURE: _____ **DATE:** _____

COMMENTS/CONDITIONS: _____