

PERMIT NUMBER _____

CHECK IF APPLICABLE:

APPLICATION RECEIVED BY (Initials) _____

Date Received: _____

FOR OFFICE USE ONLY

Water/Sewer capacity Fee: _____

Zoning Fee: _____

Building Fee: _____

Electrical Fee: _____

Plumbing Fee: _____

Mechanical Fee: _____

Demolition Fee: _____

ZONING APPLICATION/PERMIT
TOWN OF AHOSKIE, NORTH CAROLINA

OWNERSHIP INFORMATION

APPLICANT _____

APPLICANT'S LEGAL INTEREST IN PROPERTY _____

APPLICANT'S ADDRESS _____

PHONE _____

OWNER'S ADDRESS _____

PHONE _____

DATE PROPERTY ACQUIRED _____ DEED REFERENCE _____

TAX PARCEL NO. _____

LOCATION OF PROPERTY

SIZE (square feet or acres) _____ ZONING DISTRICT _____

DIMENSIONS: WIDTH _____ DEPTH _____

DESCRIPTION OF LOCATION OF PROPERTY _____

CURRENT LAND USE _____

PROPOSED USE _____

CLASS OF WORK

NEW CONSTRUCTION _____ ADDITION _____ REPAIR _____ ALTERATION _____

ACCESSORY BUILDING/USE _____ ROOFING _____ MOBILE HOME _____

OTHER (please specify) _____

ZONING REQUIREMENTS (Office Use Only)

PERMITTED USE IN DISTRICT? _____ SITE PLAN ATTACHED? _____

FLOOD ZONE? _____ AREA OF ENVIRONMENTAL CONCERN? _____

BUFFER REQUIRED? _____ IF YES, TYPE _____

MINIMUMS: LOT AREA _____ LOT WIDTH _____ LOT DEPTH _____

BUILDING HEIGHT _____ CORNER LOT _____

SETBACKS: FRONT _____ SIDE _____ REAR _____

ADDITIONAL USE REQUIREMENTS? _____

PARKING PLAN REQUIRED? _____ REQUIRED PARKING _____

PROPOSED BUILDING AREA _____ MAXIMUM LOT COVERAGE ALLOWED _____

WATER AVAILABLE? _____ SEWER AVAILABLE? _____

PROPERLY SUBDIVIDED? _____ MAP NUMBER _____

DOES SITE PLAN MEET REQUIREMENTS AS NOTED ABOVE? _____

APPLICANT'S SIGNATURE _____ DATE _____

The above applicant having made application for a Zoning Permit is hereby granted this Zoning Permit to (construct) (alter) a building located at the above address and which is is permitted by the Zoning Ordinance of the Town of Ahoskie, provided such (construction) (alteration) is carried out in accordance with the application for this Permit and the Lot Plot submitted therewith

APPROVED: _____ DATE _____

DISAPPROVED: _____ REVISIONS TO SITE PLAN REQUIRED WITH REAPPLICATION

Zoning Enforcement Officer: _____