

TOWN OF CHOCOWINITY

APPLICATION FOR ZONING CLEARANCE AND/OR CERTIFICATE OF COMPLIANCE

Please fill in completely before presenting for approval. All information must be accurate and legible.
If you make an error be sure to correct it on all sheets. This will be a permanent record. BE NEAT AND BE ACCURATE.

THIS BECOMES A PERMIT UPON APPROVAL AND PAYMENT OF FEE.

ZONING ADMINISTRATION		DO NOT WRITE IN THIS BLOCK		CERT. OF COMPLIANCE APPLICATION AND/OR ZONING CLEARANCE PERMIT NO.	
FILE/ACCOUNT NO.		APPVL. DATE		FEE	
CODE			RESIDENTIAL \$75	COMMERCIAL \$100	
TAX INDEX / PARCEL ID / PIN NUMBER *(REQUIRED)			ZONING	PLANS ATTACHED? Y / N (circle one)	
OWNERSHIP 1 <input type="checkbox"/> PRIVATE 2 <input type="checkbox"/> PUBLIC 3 <input type="checkbox"/> OTHER			FLOOD PLAIN? Y / N (Zone C, Min. Flood)		
Is application for Manufactured Home Y / N (circle one) If YES, state year built _____ and attach copy of title.			If yes, a map or an elevation certificate, signed and sealed by a Professional Engineer or Land Surveyor, showing the proposed finished floor elevation above the 100 year flood level, must accompany the application		
City Limits		Inside		Outside	
NUMBER	STREET	IS PROPERTY LOCATED IN A FIRE DISTRICT? Y / N (circle one)			
					LOT: BL:
LOT/PROPERTY: DRAW PLAN ACCURATELY, FROM SURVEY IF POSSIBLE. SHOW DIMENSIONS OF LOT AND LOCATE BUILDINGS BY DIMENSIONS FROM PROPERTY LINES. PROVIDE EXACT DIMENSIONS OF PROPOSED AND EXISTING BUILDING, SEWER, WATER, ELECTRICITY, STREETS, AND UTILITY CONNECTIONS. PROVIDE PARKING DETAIL (162 SQ. FT. MINIMUM PER SPACE)					
Plot Plan: <u>Attach copy.</u> Plan must set forth municipal easement(s) if any are to be affected by this application. *(REQUIRED, i.e., Tax Map/Parcel Map (from Beaufort County Tax Assessor Office) with Parcel ID/PIN Number, Survey, Preliminary Plat, Etc.) See Attached: _____ Dated: _____					
Prepared by					
NAME OF SUBDIVISION (Phase Section)			LAND AREA	IF CORNER LOT CHECK HERE <input type="checkbox"/>	
OWNER: _____			TEL. #: _____		
ADDRESS: _____					
CONTRACTOR: _____			TEL. #: _____		
ADDRESS: _____ N.C. LIC. # _____					
PURPOSE: _____			NO. ROOMS HABITABLE:	NO. OF STORIES	
CONNECTED TO CITY OR PRIVATE SYSTEM	• ELECTRICITY? _____	PUBLIC / PRIVATE (circle one)	Construction to be on:		
	• WATER? _____	PUBLIC / PRIVATE (circle one)	slab, basement, block, brick		
	• SEWER? _____	PUBLIC / PRIVATE (circle one)	(circle one)		
Health Department Permit # _____	• SEPTIC? _____	PUBLIC / PRIVATE (circle one)			
SPECIFIC ZONING REQUIREMENTS					
LOT DIMENSIONS	REQUIRED	ACTUAL	PARKING SPACES	MIN	ACTUAL
LOT SIZE .	_____	_____	# SPACES	_____	_____
LOT WIDTH (Meas. @ Setback)	_____	_____	# STANDARD	_____	_____
SETBACKS:			# HANDICAPPED	_____	_____
FRONT YARD	_____	_____	SIGNS <i>If not specifically included herein, they are excluded.</i>		
REAR YARD	_____	_____	GROUND	_____	_____
RIGHT YARD	_____	_____	FLUSH MOUNTED	_____	_____
LEFT YARD	_____	_____	FREESTANDING	_____	_____
BUILDING HEIGHT	_____	_____			
% OF LOT COVERAGE	_____	_____			
DWELLING • EXISTING _____	FLOOR AREA HEATED		NO. BATHS:		
UNITS • ADDED _____	FLOOR AREA UNHEATED:		NO. KITCHENS:		
THE UNDERSIGNED HEREBY MAKES APPLICATION TO (<input type="checkbox"/> BUILD <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL <input type="checkbox"/> EXTEND <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH <input type="checkbox"/> OCCUPY <input type="checkbox"/> OTHER _____)					
A BUILDING OR STRUCTURE AT THE LOCATION SHOWN, IN ACCORDANCE WITH APPROVED PLANS (IF ANY) AND AGREES TO OCCUPY/USE THE PREMISES ONLY IN ACCORDANCE WITH A VALID SIGNED CERTIFICATE OF OCCUPANCY, ISSUED PURSUANT TO A TOWN OF CHOCOWINITY CERTIFICATE OF COMPLIANCE.					
REMARKS:				APPROVAL	
SIGNATURE OF APPLICANT (AGENT)				ZONING:	
SIGNATURE OF OWNER				FEE: \$	
SIGNATURE OF ZONING ADMIN. OFFICIAL FOR APPROVAL				DATE PAID:	