

Date _____ Zoning Compliance Permit/Application # _____

Application for Construction of a building Relocation of a building Alteration of a building
 Change of Use Other

Applicant Information

Name _____ Phone _____

Mailing Address _____

Property Address (if different from mailing address) _____

Property Owner Information (if different from applicant)

Name _____ Phone _____

Mailing Address _____

Contractor Information

Name _____ Phone _____

Mailing Address _____

Primary State License # _____ Classification _____ Exp. Date _____

Description of Property

Tax Map ID/PIN # _____ Is property within 100-year Floodplain? Yes No

Lot Dimensions (As apply)

Length _____

Width _____

Area _____

Frontage from Right-of-Way _____

Is this a corner lot? _____

Structure Dimensions

Length _____

Width _____

Height _____

Principal Structure _____

Accessory Structure _____

Type of Use Single Family Residential Industrial Accessory
 Multi-Family Residential Commercial Institutional

Existing Structures on Property

- Vacant Lot (No Buildings/Manufactured Homes on Property)
- Accessory Bldg (Including Detached Carports, Garages, and Storage Buildings)
- Manufactured Home
- Site-Built Home
- Commercial/Industrial Building

Utility Services

City Water Well City Sewer Septic Tank Gas Electricity

Is Structure in the Right-of-Way of Any of the Following (Check all that apply):

City Utilities Railroad NCDOT or City Road Proposed Thoroughfare None

Description of Zoning

Zoning District _____ City Limits Extraterritorial Jurisdiction (ETJ)

| 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 _____

Required Attachments

1. A site plan or sketch that shows the **LOCATION** of all proposed building(s), driveway(s), **WATER AND SEWER LINES, WATER AND SEWER SERVICE METERS**, setbacks from the property lines/right-of-ways, all primary and accessory buildings (existing or proposed), all building dimensions and any off-street parking or loading areas 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 can be obtained from the Register of Deed's office.
3. **Driveway Permit Application with required attachments.**

Notes

1. An approved Permit shall expire and be cancelled unless the work authorized by it shall have begun within six (6) months of its issue date, or if the work authorized is suspended or abandoned for a period of one year, unless vested rights are requested, then this permit is valid for a period of two (2) years.
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 and correct to the best of my knowledge. I understand that the City of Creedmoor is not bound by oral or written assertions or representations of its staff members. I agree to conform to all City of Creedmoor 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.

Signature of Applicant _____ Date _____

Internal Use Only

Approved Disapproved Comments _____

Signature of Zoning Official _____ Date _____