

APPLICATION FOR ZONING USE PERMIT

| | | | | | |
|--|---|--|---|---|---------------------------|
| LOCATION / OWNER | STREET # (N,S,E,W) _____ STREET NAME _____ (AV,RD,ST, etc) _____ | | PERMIT # _____ | | |
| | SUITE/UNIT(S): _____ | | | | |
| | TAX JURISDICTION: (Check One) | | | | |
| | <input type="checkbox"/> 0-Mecklenburg | <input type="checkbox"/> 1-Charlotte | <input type="checkbox"/> 2-Davidson | <input type="checkbox"/> 3-Cornelius | |
| | <input type="checkbox"/> 4-Pineville | <input type="checkbox"/> 5-Matthews | <input type="checkbox"/> 6-Huntersville | <input type="checkbox"/> 7-Mint Hill | |
| | PROJECT/SUBDIVISION NAME _____ | | PHASE _____ | SECTION _____ | PROJECT # _____ |
| | OWNER _____ ADDRESS _____ | | | | |
| | CITY _____ STATE _____ ZIP _____ PHONE # _____ | | | | |
| | TAX PARCEL # _____ | | LOT # _____ | BLOCK # _____ | LAND AREA (sq. ft.) _____ |
| | CENSUS _____ | | ZONING: _____ JURIS _____ MAP # _____ R/W _____ | | |
| SPECIAL (Circle) C D N P S | | FLOOD PLAIN <input type="checkbox"/> Yes | FLOOD ELEV. _____ | FIRE DIST. <input type="checkbox"/> Yes | |
| LOT: <input type="checkbox"/> CORNER <input type="checkbox"/> THROUGH | | FRONT STREET (if different) _____ | | | |
| MINIMUM SETBACKS: FRONT _____ | | LEFT SIDE _____ | RIGHT SIDE _____ | REAR _____ | |
| REQ. PARK'G _____ | | REMARKS _____ | | | |
| PURPOSE | JOB # _____ | | PROPERTY USE | | |
| | USDC # _____ | | CM <input type="checkbox"/> Cemetery | OA <input type="checkbox"/> Outdoor Amusement | |
| | OCC. TYPE _____ | | CU <input type="checkbox"/> Change of Use | OC <input type="checkbox"/> Overnight Camping Tr. Pk. | |
| | | | CF <input type="checkbox"/> Comm. Farm Use | PK <input type="checkbox"/> Parking | |
| | | | OR <input type="checkbox"/> Comm. Outdoor Rec. Use | QR <input type="checkbox"/> Quarry | |
| | | | CH <input type="checkbox"/> Customary Home Occupation | RT <input type="checkbox"/> Racetrack | |
| | | | FE <input type="checkbox"/> Farm-Type Enterprise | RH <input type="checkbox"/> Rural Home Occupation | |
| | | | FF <input type="checkbox"/> Floodway Fill | SL <input type="checkbox"/> Sanitary Landfill | |
| | | | MP <input type="checkbox"/> Mobile Home Park | SD <input type="checkbox"/> Satellite Dish | |
| | | | OF <input type="checkbox"/> Off-Site Demolition Landfill | TS <input type="checkbox"/> Turkey Shoot | |
| | | ON <input type="checkbox"/> On-Site Demolition Landfill | OT <input type="checkbox"/> Other _____ | | |
| | | OL <input type="checkbox"/> Open Land Use | OT <input type="checkbox"/> Other _____ | | |
| DESCRIPTION | MOBILE HOME PARK ONLY | | <input type="checkbox"/> ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year) | | |
| | PARK NAME _____ # SPACES _____ SITE PLAN ON FILE <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | UTILITIES: | | | | |
| | Public | | 1-Individual Meter/Connection _____ <input type="checkbox"/> Water _____ <input type="checkbox"/> Sewer _____ | 2-Master Meter/Connection _____ <input type="checkbox"/> Water _____ <input type="checkbox"/> Sewer _____ | |
| | Private | | 3-Individual _____ <input type="checkbox"/> Well _____ <input type="checkbox"/> Septic _____ | 4-Community _____ <input type="checkbox"/> Well _____ <input type="checkbox"/> Septic _____ | |
| | MANAGER'S NAME _____ ADDRESS _____ | | | | |
| | CITY _____ STATE _____ ZIP _____ PHONE # _____ | | | | |
| | SPECIAL CONDITIONS: _____ | | | | |
| | OTHER USES | | OCCUPANT _____ | PHONE # _____ | |
| | PARK'G. REQ. # _____ | | INTENDED USE _____ | PREVIOUS USE _____ | |
| SCREENING <input type="checkbox"/> Y <input type="checkbox"/> N | | BUSINESS NAME _____ | | | |
| REFER TO: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Zoning | | PARKING SPACES PROVIDED _____ # OF EMPLOYEES _____ | | | |
| | | % OF FLOOR USED FOR HOME OCCUPATION _____ | | | |
| | | OTHER CONSTRUCTION WORK (requires separate permits) | | | |
| | | Building <input type="checkbox"/> Y <input type="checkbox"/> N | Electrical <input type="checkbox"/> Y <input type="checkbox"/> N | Mechanical <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | Plumbing <input type="checkbox"/> Y <input type="checkbox"/> N | Sign(s) <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| | | REMARKS: _____ | | | |
| OTHER | APPLICANT'S NAME (if other than owner): _____ ADDRESS: _____ | | | | |
| | CITY _____ STATE _____ ZIP _____ PHONE # _____ | | | | |
| | BONDED WITH BUILDING STANDARDS DEPARTMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | ACCOUNT # _____ | | TOTAL FEE \$ _____ | | |

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

| | | | |
|-----------------------------|------------|------------------------------|---|
| APPLICANT'S SIGNATURE _____ | DATE _____ | PRINT APPLICANT'S NAME _____ | METHOD OF PAYMENT <input type="checkbox"/> CASH/CHECK <input type="checkbox"/> ACCOUNT |
| HOLDS | | PROCESSED BY | APPROVED BY |
| | | | |
| | | | |

ORIGINAL