



ALEXANDER COUNTY ZONING South

6125 NC Highway 16

Taylorsville, NC

28681

APPLICANT: _____ TELEPHONE #: _____

ADDRESS: _____ ZIP _____

PROPERTY OWNER (if different): _____

ADDRESS: _____

DIRECTIONS TO THE PROPERTY: _____

SIZE OF PROPERTY (sqft./acres): _____ # OF BUILDINGS (on the lot now): _____

SIZE OF PROPOSED STRUCTURE(S): _____ # OF STORIES: _____

UTILITIES (please circle): Public Water Well Public Sewer Septic System

PROPOSED USE (please circle all that apply): New Addition Remodel/Repair

RESIDENTIAL: Site-built Modular Garage/Carport Storage Building

Duplex Apartments Swimming Pool Pier/Dock

MANUFACTURED HOME: Singlewide Doublewide Multi-Section

NON-RESIDENTIAL: Commercial Industrial Description: _____

OTHER: _____ Site/Soil Evaluation

If the application is submitted for a site/soil evaluation, this permit will be issued to indicate development regulations only and does not include structure approval. A sketch map must be submitted with the application in order to place or construct a building on the property. The sketch map must include dimensions of the lot and the proposed structure; and the distance from the property lines to the structure(s). If approval for a duplex, apartments or a non-residential use is requested, a site plan depicting the number of parking spaces, traffic direction, applicable landscaping and desired signage must be submitted.

By signing below, I certify that all of the statements made in this application and all the attached documents are true and complete to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. By signing below, I also acknowledge that the approval of this permit does not indicate compliance with deed restrictions or restrictive covenants. It is the sole responsibility of the applicant to ensure compliance with such restrictions. A zoning permit shall be void unless the work authorized by it begin within SIX (6) MONTHS of its date of issue, or if the work authorized by it is suspended or abandoned for a period of ONE (1) YEAR.

(Applicant's Name-please print)

(Applicant's Signature)

(Date)

STAFF USE ONLY - APPLICANT: DO NOT WRITE BELOW THIS LINE

Zoning District: R-20 RA-20 R-SF N-B H-C L-I H-I

Setbacks: Front: _____ Rear: _____ Side: _____ Street Side: _____ Accessory Structure: _____

Watershed Classification: _____ Minimum Lot Size: _____ Maximum BUA: _____

Floodplain Classification: _____ Panel No. _____ BFE: _____

TAX MAP #: _____ Township: _____ Census Tract: _____

Comments: _____

APPROVED DENIED Staff Initials: _____ Date: _____ Permit No. _____