



ALEXANDER COUNTY PLANNING AND ZONING

151 W Main Ave, Taylorsville, nc 28681

Official Zoning Permit

APPLICANT: _____ TELEPHONE #: _____

APPLICANT ADDRESS: _____

PROPERTY OWNER (if different): _____

PROPERTY ADDRESS: _____ PARCEL ID: _____

DESCRIPTION OF JOB: _____

SIZE OF PROPERTY (sqft./acres): _____ # OF BUILDINGS ON LOT NOW: _____

SQUARE FOOTAGE OF PROPOSED STRUCTURE(S): _____

UTILITIES (please circle): Well or Public Water ||| Septic or Public Sewer

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

RESIDENTIAL: Site-Built Modular Garage/Carport Storage Building Pier/Dock

MANUFACTURED HOME: Duplex Apartments Swimming Pool (Inground or Above Ground)

Singlewide Doublewide VIN (if applicable): _____

NON-RESIDENTIAL: Commercial Industrial Description: _____

- If any of the above information requested is not included this application shall not be considered complete and may result in delays. All applicable information must be included before permit can be issued.

- 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 will be grounds for rejection of this application and may be subject to civil penalties. 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.** If special assistance is needed with this permit please contact Alexander County Planning and Development.

(Applicant's Name-please print)

(Applicant's Signature*)

(Date)

Email Address*: _____

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

Zoning District: _____ Setbacks: Front: _____ Rear: _____ Side: _____ Street Side _____

Watershed Classification: _____ Minimum Lot Size: _____ Floodplain Classification: _____

Maximum BUA: _____ Panel No. _____ BFE: _____

Zoning File #: _____ Township: _____

Comments: _____

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