



ALEXANDER COUNTY PLANNING AND ZONING

151 W Main Ave, Taylorsville, NC 28681

OFFICIAL COMMERCIAL ZONING PERMIT

Please fill out all information below

APPLICANT: _____

APPLICANT ADDRESS (if different than site): _____

EMAIL ADDRESS: _____ **PHONE #:** _____

PROPERTY OWNER (if different): _____

EMAIL ADDRESS: _____ **PHONE #:** _____

SITE ADDRESS: _____

PIN#: _____ **PARCEL ID#** _____

SIZE OF PROPERTY (sq ft/acres): _____

PROPERTY UTILITIES (check all that apply)

Electric

Gas

Well

Public Water

Septic

Public Sewer

NEW STRUCTURE INFORMATION

• **Dimensions:** _____ **Square Footage:** _____

• **Description of Project and its use :** _____

• **Utilities that will be connected to the new structure:** (check all that apply)

Gas

Well

Public Water

Septic

Public Sewer

EXISTING STRUCTURE INFORMATION (if applicable)

• **Square Footage of Principal Structure:** _____

• **# of Other Structures on Property w/Size:** _____

SITE MAP

Site Maps should include a diagram or sketch of the property and the placement of the structure; dimensions of structure, distance from other structures, distance from property lines, and (for new builds) where the driveway meets the road.

Is Site Map Included: YES NO

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.

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 is a FELONY under NC General Statute, 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 responsibility of the applicant and owner to ensure compliance with such restrictions. A zoning permit shall be void unless the work authorized by it begins within ONE (1) YEAR 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)

(Owner's Name-please print) (Owner's Signature)* (Date)

**Required*

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

Zoning District: _____ **Township:** _____

Setbacks: Front: _____ Rear: _____ Side: _____ Street Side _____ Other: _____

Watershed Classification: _____ **Floodplain Classification:** _____

Maximum BUA: _____ **BFE:** _____

Comments: _____

APPROVED / DENIED Staff Signature: _____ Date: _____

Permit #: _____