

NON-RESIDENTIAL ZONING PERMIT APPLICATION

Date: _____	Permit Number: _____
Zoning District: _____	Parcel ID or PIN Number: _____
Address of Work: _____	
Property Owner: _____	Applicant (if different) _____
_____	_____
Address _____	Address _____
_____	_____
City/State/Zip _____	City/State/Zip _____
_____	_____
Phone _____	Phone _____

Required Setbacks:
Front _____ from R/W
Rear: _____
Right Side: _____
Left Side: _____

Proposed Setbacks:
Front _____ from R/W
Rear: _____
Right Side: _____
Left Side: _____

Height: _____

Lot Area: _____

Building Dimensions:

Width at Front: _____
Depth at Right Side: _____
Other Dimensions: _____

Width at Rear: _____
Depth at Left Side: _____

Proposed Work and/or Use: _____
Cost of Work: _____
Start Date of Work: _____

New Construction: YES NO
Plot Plan Approved: YES NO

Change in Use Only: YES NO
Watershed Critical Area: YES NO

Utilities:

Check all that Apply: Private Water _____ Public Water _____
 Septic Tank _____ Public Sewer _____

Required Off Street Parking Spaces: _____
Proposed Off Street Parking Spaces: _____

Comments: _____

The applicant is required to submit plans for the proposed structure and a sketch showing the location of the structure on the lot, parking area, driveway entrances, and any other structures.

I (we) certify that I (we) am (are) the property owner(s) or truly represent the property owner(s) and that the information provided is true and correct. I (we) further certify that I (we) am (are) familiar with all requirements of the Zoning Ordinance concerning the proposed use and will construct and operate according to the terms of the Zoning Ordinance. Any violation of the Zoning Ordinance or any other Town regulations will be grounds for revoking this permit and any subsequent permit(s) issued by the Town of Catawba and Catawba County.

Applicant's Signature

Date

Please contact Catawba County for building permits, septic tank permits, and other necessary requirements at (828) 465-8200.



The following information is to be completed by the Town Administrator or his designee:

Based on the information hereby furnished to the Town and my knowledge of the Town of Catawba Zoning Ordinance, I hereby:

_____ Approve
_____ Disapprove this Zoning Permit.

Town Administrator

Date



Certificate of Zoning Compliance

Setbacks: Front _____
 Rear _____
 Right _____
 Left _____
 Height _____

Comments (buffer, parking, ect.): _____

Town Administrator

Date