TOWN OF WILSON'S MILLS



## ZONING COMPLIANCE PERMIT APPLICATION

Planning Department P.O. Box 448, Wilson's Mills, NC 27593 Phone: (919) 938-3885 Fax: (919) 938-1121

planning jurisdic	ance permit is required for the construction of the Town of Wilson's Mills.	action or development of any	new use within the
building permit(s compliance perm this time period of extension. Upon valid building pe Subdivision Adm	al of a zoning compliance permit, the s) if any. Failure to obtain requisite but void. The Planning, Zoning & Subof up to six (6) months upon submittatissuance of a building permit(s), the armit exists for the project. Any unapprinistrator in the approved plans shall Wilson's Mills Development Ordinance.	tilding permit(s) within this t division Administrator may g I by the applicant of sufficient coning compliance permit shoroved change, as determined render the zoning compliance	ime shall render the zoning grant a single extension of at justification for the all remain valid as long as a by the Planning, Zoning &
	wner must complete this application in ested is provided.	full. This application will no	ot be processed unless all
Submission of as	ssociated fees.		
Development Or	ent plan with the applicable information dinance shall be provided. At minimum, adherence to setbacks, etc.		
Department with 919-989-5060.	ubject to associated building and trad- required fees for permits, inspection		
ZONING PERMIT CATEG	OKY:		
Check all that apply:  New Construction	Addition/Remodeling	Fence	Accessory Structure
Mobile Home	Deck/Porch	Swimming Pool	<del></del>
Change in Use	Home Occupation	Temporary Construc	
Provide a detailed project descript	ion:		
GENERAL INFORMATIO	N:		
Subdivision (phase / lot number):			
Size of Property (in acres):	-		

Structure Dimensions: Width: Length: Height: Special Flood Hazard Area:YesNoNo
Watershed Information:         Not located in one         Critical         Protected           Existing Impervious Surface Area (sf):         Project Impervious Surface Area (sf):
Existing Impervious Surface Area (sf):
Town Jurisdiction:In-Town LimitsETJ  APPLICANT INFORMATION:  Applicant:
APPLICANT INFORMATION:         Applicant:         Address:         City:       State:       Zip:         Phone:       Email:         OWNER INFORMATION:         Owner:       Address:         City:       State:       Zip:         Phone:       Email:         SIGNATURE:
Applicant:
Address:
Address:
Phone:
OWNER INFORMATION:           Owner:
Owner:
Address:
City:         State:         Zip:            Phone:         Email:
City:         State:         Zip:            Phone:         Email:
SIGNATURE:
information presented in this application is accurate to the best of my knowledge and belief. I understand that incomplete, inaccurate, or illegible applications will not be processed. Further, I grant permission for members of the Town Staff to visit the site in question for informational needs and inspections. I agree that if this permit is granted, on the information presented herein it may be revoked in the event of any breech of representation or any conditions to which may be attached.
Applicant/Authorized Agent Print Name Applicant Signature Date
Owner Print Name Owner Signature Date
FOR TOWN USE ONLY  Date Received: Application #: Fee Paid/Date: Approved Denied Reason for Denial:  Planning Department Signature Date