

ZONING DISTRICT: _____ () TOWN LIMITS () EXTRA TERRITORIAL JURISDICTION

BUILDING SETBACKS:	<u>REQUIRED</u>	<u>PROPOSED</u>
Front yard	_____	_____
Rear yard	_____	_____
Side yard, left	_____	_____
Side yard, right	_____	_____
Height	_____	_____
Minimum Lot Width	_____	_____

COMMENTS:

DESCRIPTION OF PROPOSED WORK:

REQUIRED ATTACHMENTS:

1. A sketch must be provided that shows all setbacks from the property lines/ right-of-ways, all primary and accessory buildings, all building dimensions, and any off-street parking or loading areas that are required.
2. For all new construction of primary buildings, a copy of the recorded plat/survey will need to be attached to this application. A copy of this can be obtained from the Register of Deeds office.

NOTES:

1. An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date, or if the work authorized by it is suspended or abandoned for a period of one year, unless vested rights is requested, then this permit is valid for a period of two (2) years.
2. The Zoning Administrator will attempt to make zoning determinations within three (3) business days of submission of a fully completed application.

OWNER/APPLICANT STATEMENT: I certify that I am the property owner or truly represent the property owner(s). I certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge. I understand that the Town of Grifton is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Grifton Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinance will be grounds for revoking this permit and any other permits issued in reliance upon the same.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPROVED DISAPPROVED BY:

SIGNATURE OF ZONING OFFICIAL: _____ DATE: _____

COMMENTS:
