Town of Grifton Zoning Compliance Permit/ Application

DATE:	ZON	ONING COMPLAINCE PERMIT/ APPLICATION NO:			
APPLICATION FOR:					
() CONSTRU () ALTERAT () CLASS A	ICTION OF A BUILDING ION OF A BUILDING MANUFACTURED HOME	() CHANGE OF THE USE () HOME OCCUPATION () CLASS B MANUFACTURED I	() ERECTION OF A SIGN () RELOCATION OF A BUILDING HOME		
APPLICANT:					
NAME:		PHONE NO):		
MAILING ADDRESS:					
ADDRESS OF PROPER	TY (if different from mailing a	ddress):			
PROPERTY OWNER	(if different from applicant):				
NAME:		PHONE NO	PHONE NO:		
MAILING ADDRESS:					
	IANUFACTURED HOME DE				
NAME:		PHONE N	PHONE NO:		
		TOWN OF GRIFTON	TOWN OF GRIFTON PRIVILEGE LICENSE PAID? Yes		
MAILING ADDRESS:					
DESCRIPTION OF PE	ROPERTY:				
PARCEL NUMBER:			IS PROPERTY WITHIN 100-YEAR FLOODPLAIN: YES NO (TO BE DETERMINED BY PITT CO. PLANNING DEPARTMENT)		
LOT DIMENSIONS (As	s Apply):	STRUCTURE D	DIMENSIONS:		
Length Width Area Frontage from Right of Way Is this a corner lot?		Width Height Princip	Width Height		
() N	INGLE FAMILY RESIDENTIA MULTI FAMILY RESIDENTIAI COMMERCIAL		() CLASS A MANUFACTURED HOME () CLASS B MANUFACTURED HOME () MODULAR HOME		
EXISTING STRUCTUR	() SITI () MA () COM () ACC STO WATER: () GRIFTON (E-BUILT HOME NUFACURED HOME MMERCIAL OR INDUSTRIAL BUIL	DETACHED CARPORTS, GARAGES, AND ASTERN PINES () WELL		
	ELECTRICITY: () CP&L		CT CIVISD ACCOUNT		
IS THE STRUCTURE IN THE RIGHT-OF-WAY OF:		() TOWN UTILITIES () NCDOT OR TOWN ROAD () PROPOSED THOROUGHE.	() RAILROAD () NONE ARE		

ZONING DISTRICT:BUILDING SETBACKS:		() TOWN LIMITS	() EXTRA TERRITORIAL JURISDICTION	
		REQUIRED	PROPOSED	
	Front yard Rear yard Side yard, left Side yard, right Height Minimum Lot Width			
COMM	ENTS:			
<u>DESCR</u>	IPTION OF PROPOSED WORK:			
реош	DED ATTACHMENTS.			
1.	RED ATTACHMENTS: A sketch must be provided that show dimensions, and any off-street parking.		perty lines/ right-of-ways, all primary and accessory buildings, all building required.	
2.	•	buildings, a copy of the rec	orded plat/survey will need to be attached to this application. A copy of	
NOTES	:			
1.			rk authorized by it shall have begun within six (6) months of its issued date, a period of one year, unless vested rights is requested, then this permit is	
2.	The Zoning Administrator will atterapplication.	ing Administrator will attempt to make zoning determinations within three (3) business days of submission of a fully completed on.		
statemer written a Carolina	nts are accurate and correct to the besassertions or representations of its st	st of my understanding and aff members. I agree to co or specifications submitted.	owner or truly represent the property owner(s). I certify that the foregoing knowledge. I understand that the Town of Grifton is not bound by oral or onform to all Town of Grifton Ordinances and Laws of the State of North. Any violation of the Zoning Ordinance will be grounds for revoking this	
SIGNAT	ΓURE OF APPLICANT:		DATE:	
APPRO	OVED DISAPPROVED BY:			
SIGNAT	TURE OF ZONING OFFICIAL:		DATE:	
COMM	ENTS:			