Town of Grifton Zoning Compliance Permit/ Application

DATE:	ZON	ZONING COMPLIANCE PERMIT/ APPLICATION NO:			
APPLICATION FO		•			
() CONS () ALTE () CLAS	STRUCTION OF A BUILDING BRATION OF A BUILDING SS A MANUFACTURED HOME	() CHANGE OF THE USE () HOME OCCUPATION () CLASS B MANUFACTURED H	() ERECTION OF A SIGN () RELOCATION OF A BUILDING HOME		
APPLICANT:					
NAME:		PHONE NO			
MAILING ADDRI	BSS;				
ADDRESS OF PR	OPERTY (if different from mailing	address):			
PROPERTY OW	NER (if different from applicant):				
NAME:		PHONE NO	PHONE NO:		
MAILING ADDRI	ESS:				
MAILING ADDR	ESS:OF PROPERTY:	IS PROPERTY WITHIN 10	00-YEAR FLOODPLAIN: YES NO		
LOT DIMENSION	VS (As Anniv):	·	(TO BE DETERMINED BY PITT CO. PLANNING DEPARTMENT) STRUCTURE DIMENSIONS:		
Length Width Area Frontage from Right of Way Is this a corner lot?		Lengti Width Heigh Princi Acces	Length Width		
TYPE OF USE:	() SINGLE FAMILY RESIDENT! () MULTI FAMILY RESIDENT! () COMMERCIAL		() CLASS A MANUFACTURED HOME () CLASS B MANUFACTURED HOME () MODULAR HOME		
EXISTING STRU	() SI () M () C () A S' CE; WATER: () GRIFTON (SEWER: () GRIFTON (ITE-BUILT HOME IANUFACURED HOME OMMERCIAL OR INDUSTRIAL BUII	DETACHED CARPORTS, GARAGES, AND ASTERN PINES () WELL		
IS THE STRUCT	URE IN THE RIGHT-OF-WAY OF:	• •			

ZONING DISTRICT:		() TOWN LIMITS	() EXTRA TERRITORIAL JURISDICTION	
BUILDI	NG SETBACKS:	REQUIRED	PROPOSED	
	Front yard Rear yard Side yard, left Side yard, right Height Minimum Lot Width			
СОММІ	ENTS:			
DESCR	IPTION OF PROPOSED WORK:			
REQUI	RED 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	<u>S</u> :			
1.	An approved Permit shall expire at or if the work authorized by it is su for a period of two (2) years.	nd be canceled unless the waspended or abandoned for a	ork 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 valid	
2.	The Zoning Administrator will attempt to make zoning determinations within three (3) business days of submission of a fully completed application.			
stateme written Carolin	ents are accurate and correct to the be assertions or representations of its	est of my understanding an staff members. I agree to s or specifications submitte	ty owner or truly represent the property owner(s). I certify that the foregoing d knowledge. I understand that the Town of Grifton is not bound by oral or conform to all Town of Grifton Ordinances and Laws of the State of North d. Any violation of the Zoning Ordinance will be grounds for revoking this	
SIGNA	TURE OF APPLICANT:		DATE:	
APPR	OVED DISAPPROVED BY	7 ;		
SIGNATURE OF ZONING OFFICIAL: DATE:				
COMN	MENTS:			