Town of McAdenville Zoning Permit Application

Town Hall 163 Main Street PO Box 9 McAdenville, NC 28101 Phone: 704-824-3190

Single-family

Residential

Web Address: www.townofmcadenville.org

Permit Type (Only One)

New Principal Structure

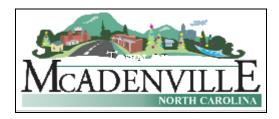
OFFICIAL USE ONLY FEE:

Proposed Land Use (All That Apply)

1

Principal Structure Upfit (Addition or R	emodel)		Multi-Family
New Accessory Structure	<u> </u>		Other
Accessory Structure Upfit (Addition or Change of Principal Use	Remodel)	Commercial Industrial	Proposed Use: Proposed Use:
Other (Submit detailed description)		Other	Proposed Use:
Applicant Information: Own	er Contra		ner
Property Owner Name:			Phone #:
Street Address:		City, State, Zip:	
Applicant Name: Phone #:			
Applicant Address:		City, State, Zip:	
Email:			
Lot Information			
Property Location:		Lot #: Pa	arcel ID Number (6 digits):
Subdivision:		Phase:	
Flood Zone: Yes No City Wat	er: Yes No	City Sewer: Ye	s No
Structure Dimensions:	Square Footage:	P	rojected Project Cost: \$
ot Width Front: Width Rear: Length: Corner Lot: Yes No			
Structure Type or Purpose:			
Zoning Requirements for the		strict.	
Required	Dimension		Proposed
	Front Setback		
	Rear Setback		
	Left Side Setback Right Side Setback		
	•		
	Building Height Minimum Lot Area		
	Building Line Width		
A SITE PLAN must be attached clearly showing the following:			
 The location and dimensions of a The location and exact dimension Front, Rear & Side Setbacks mea Any additional information require 	Il boundaries of the long of all existing and asured from the right-	proposed structures an of-way	d improvements
I HEREBY CERTIFY that all of the information of my knowledge. I further certify that I are concerning this proposed use. I acknowle any subsequent permit issued by the Town APPLICANT SIGNATURE:	n familiar with all requi dge that any violation	uirements of the Unified	I Development Ordinance (UDO)
RECEIVED BY:		DATE:	

PAID:



Town of McAdenville Zoning Permit

OFFICIAL USE ONLY

Approved: _____ Denied: _____ Address: _____ Parcel: _____ Permit Type: _____ Applicant: Zoning Administrator: It is hereby certified that the above use as shown on the plats and plans submitted with the application conforms with all the applicable provisions of the Town of McAdenville Unified Development Ordinance (UDO). The issuance of this Permit does not allow the violation of the UDO or other governing regulations. The applicant is responsible for obtaining a Gaston County building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant. Zoning Permit: Date Issued: Expiration Date: Reason/Conditions: