

BURKE COUNTY COMMUNITY DEVELOPMENT

PLANNING

BUILDING INSPECTIONS

CODE ENFORCEMENT

Zoning Permit Application

Property Owner: _____

Mailing Address: _____

Telephone Number: _____ Is Owner Applicant? Yes ___ No ___

Applicant/Authorized Agent of Property Owner Name: _____

Mailing Address: _____

Telephone Number: _____

Property Information

911 Address: _____ City _____ State _____

Record #: _____ PIN # _____ Zoned : _____

Watershed: _____ Floodplain/Floodway: _____ Yes ___ No ___

Subdivision: _____ Lot#: _____

Please indicate which utilities are present on site (please circle)

Public Water Private Well Public Sewer Septic System Electrical

Nature of Work Requested (please circle)

Residential Commercial Change of Use Agricultural Industrial Home Occupation

If Agricultural, please provide tax exemption or farm identification #: _____

If no farm identification # is available is other proof of bona fide farm status attached? Yes ___ No ___
(examples include a forestry management plan, property tax listing showing present use status eligibility, federal income tax form demonstrating farm activity, or a farm sales tax exemption certificate)

Type of Work Requested (check those that apply):

- New Construction ___ Renovation ___ Addition ___
Single Family Residence ___ Multi-Family Residence ___ Commercial ___ Duplex ___ Modular ___
Accessory Structure ___ Storage Building ___ Pool ___ Deck ___ Sign ___ Garage/Carport ___
- Mobile Home Setup ___ (sales receipt or moving permit from tax office required)

*** (continued on next page) ***

P.O. Box 219, 110 North Green Street, Morganton, North Carolina 28680
Telephone (828)764-9030 – FAX (828)764-9021

New setup____ Replacement____ Singlewide____ Doublewide____

Siding/Roof type:_____

Demolition____ Other____

Please briefly describe the type of work requested (certain activities may require multiple zoning permits):

SETBACKS: 30 FT FRONT, 10FT SIDE & REAR

NOTE: ALL ACCESSORY STRUCTURES ARE TO BE PLACED TO THE SIDE OR REAR OF THE PROPERTY

Affidavit: I certify that this application and the information submitted are in all respects true and correct to the best of my knowledge and I understand than any incorrect or misleading information will result in revocation of this permit.

Applicant's Printed Name_____

Applicant's Signature_____

Date:_____

*****ZONING OFFICIAL'S USE*****

Floodplain Permit required? Yes____ No____

Floodplain Permit issued Date:_____

Site plan required? Yes____ No____

Site Plan Review Completed Date:_____

Site Plan Reviewer Signature:_____

Is Shoreline Protection Permit required? Yes____ No____

Permit Fee:_____ Date Fee Paid:_____

Application Approved :_____ Denied:_____

Zoning Officials Comments:_____

County Zoning Official Signature:_____ Date:_____

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