

# 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, 15 FT SIDE, 20 FT 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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