

APPLICATION FOR ZONING USE PERMIT

LOCATION / OWNER	STREET # (N,S,E,W) _____ STREET NAME _____ (AV,RD,ST, etc) _____		PERMIT #		
	SUITE/UNIT(S): _____				
	TAX JURISDICTION: (Check One)		<input type="checkbox"/> 0 - Mecklenburg <input type="checkbox"/> 4 - Pineville	<input type="checkbox"/> 1 - Charlotte <input type="checkbox"/> 5 - Matthews	<input type="checkbox"/> 2 - Davidson <input type="checkbox"/> 6 - Huntersville
			<input type="checkbox"/> 3 - Cornelius <input type="checkbox"/> 7 - Mint Hill		
	PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____			PROJECT #	
	OWNER _____ ADDRESS _____		CITY _____ STATE _____ ZIP _____ PHONE # _____		
	TAX PARCEL #		LOT # _____	BLOCK # _____	LAND AREA (sq. ft.) _____
	CENSUS		ZONING _____ JURIS _____ MAP # _____ R/W _____		
	SPECIAL (Circle) C D N P S FLOOD PLAIN <input type="checkbox"/> Yes FLOOD ELEV _____ FIRE DIST. <input type="checkbox"/> Yes				
	LOT: <input type="checkbox"/> CORNER <input type="checkbox"/> THROUGH FRONT STREET (if different) _____				
MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ. PARK'G _____					
REMARKS _____					
PURPOSE	JOB # _____		PROPERTY USE		
	USDC # _____		CM <input type="checkbox"/> Cemetery	OA <input type="checkbox"/> Outdoor Amusement	
	OCC. TYPE _____		CU <input type="checkbox"/> Change of Use	OC <input type="checkbox"/> Overnight Camping Tr. Pk.	
			CF <input type="checkbox"/> Comm. Farm Use	PK <input type="checkbox"/> Parking	
			OR <input type="checkbox"/> Comm. Outdoor Rec. Use	QR <input type="checkbox"/> Quarry	
			CH <input type="checkbox"/> Customary Home Occupation	RT <input type="checkbox"/> Racetrack	
			FE <input type="checkbox"/> Farm - Type Enterprise	RH <input type="checkbox"/> Rural Home Occupation	
			FF <input type="checkbox"/> Floodway Fill	SL <input type="checkbox"/> Sanitary Landfill	
			MP <input type="checkbox"/> Mobile Home Park	SD <input type="checkbox"/> Satellite Dish	
			OF <input type="checkbox"/> Off-Site Demolition Landfill	TS <input type="checkbox"/> Turkey Shoot	
		ON <input type="checkbox"/> On-Site Demolition Landfill	OT <input type="checkbox"/> Other _____		
		OL <input type="checkbox"/> Open Land Use	OT <input type="checkbox"/> Other _____		
DESCRIPTION OF USE	MOBILE HOME PARK ONLY		<input type="checkbox"/> ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year)		
	PARK NAME _____		# SPACES _____	SITE PLAN ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	UTILITIES:				
	Public		1 - Individual Meter/Connection _____	<input type="checkbox"/> Water _____	<input type="checkbox"/> Sewer _____
			2 - Master Meter/Connection _____	<input type="checkbox"/> Water _____	<input type="checkbox"/> Sewer _____
	Private		3 - Individual _____	<input type="checkbox"/> Well _____	<input type="checkbox"/> Septic _____
			4 - Community _____	<input type="checkbox"/> Well _____	<input type="checkbox"/> Septic _____
	MANAGER'S NAME _____		ADDRESS _____		
	CITY _____		STATE _____	ZIP _____	PHONE # _____
	SPECIAL CONDITIONS: _____				
OTHER USES		OCCUPANT _____	PHONE# _____		
PARK'G. REQ.#		INTENDED USE _____	PREVIOUS USE _____		
SCREENING <input type="checkbox"/> Y <input type="checkbox"/> N		BUSINESS NAME _____			
REFER TO:		PARKING SPACES PROVIDED _____ # OF EMPLOYEES _____			
<input type="checkbox"/> Building		% OF FLOOR USED FOR HOME OCCUPATION _____			
<input type="checkbox"/> Electrical		OTHER CONSTRUCTION WORK (requires separate permits)			
<input type="checkbox"/> Mechanical		Building <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Plumbing		Plumbing <input type="checkbox"/> Y <input type="checkbox"/> N	Sign(s) <input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Zoning		REMARKS: _____			
OTHER	APPLICANT'S NAME (if other than owner) _____		ADDRESS: _____		
	CITY _____		STATE _____	ZIP _____	PHONE # _____
	BONDED WITH BUILDING STANDARDS DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No				
ACCOUNT #		TOTAL FEE \$			

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPLICANT'S SIGNATURE _____ DATE _____ PRINT APPLICANT'S NAME _____ METHOD OF PAYMENT CASH/CHECK ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY