



ALEXANDER COUNTY PLANNING AND ZONING

151 W Main Ave, Taylorsville, nc 28681

Official Zoning Permit

APPLICANT: _____ EMAIL ADDRESS*: _____

APPLICANT ADDRESS: _____

PROPERTY OWNER (if different): _____

PROPERTY ADDRESS: _____ PARCEL ID: _____

DESCRIPTION OF JOB/PROPOSED USE: _____

SIZE OF PROPERTY (sqft./acres): _____ PIN #: _____

SQUARE FOOTAGE OF PROPOSED PROJECT: _____ PHONE #*: _____

UTILITIES: Well Public Water ||| Septic Public Sewer

- If any of the above information requested is not included this application shall not be considered complete and may result in delays. All applicable information must be included before permit can be issued.

- A sketch map must be submitted with the application in order to place or construct a building on the property. The sketch map must include dimensions of the lot and the proposed structure; and the distance from the property lines to the structure(s). If approval for a duplex, apartments or a non-residential use is requested, a site plan must meet the requirements listed in the Alexander County Land Development Code.

By signing below, I certify that all of the statements made in this application and all the attached documents are true and complete to the best of my knowledge and belief and are made in good faith. **I understand that false information is a FELONY under NC General Statute, will be grounds for rejection of this application, and may be subject to civil penalties.** Authorized representatives of Alexander County are granted right of entry to make evaluations or inspections and to release information upon public request. By signing below, I also acknowledge that the approval of this permit does not indicate compliance with deed restrictions or restrictive covenants. It is the responsibility of the applicant and owner to ensure compliance with such restrictions. A zoning permit shall be void unless the work authorized by it begins within ONE (1) YEAR of its date of issue, or if the work authorized by it is suspended or abandoned for a period of ONE (1) YEAR. If special assistance is needed with this permit please contact Alexander County Planning and Development.

_____ (Applicant's Name-please print) _____ (Applicant's Signature)* _____ (Date)

_____ (Owner's Name-please print) _____ (Owner's Signature)* _____ (Date)

STAFF USE ONLY – APPLICANT: DO NOT WRITE BELOW THIS LINE

Zoning District: _____ Setbacks: Front: _____ Rear: _____ Side: _____ Street Side _____

Watershed Classification: _____ Township: _____ Floodplain Classification: _____

Maximum BUA: _____ BFE: _____

Comments: _____

APPROVED DENIED Staff Signatures: _____ Date: _____ Permit No. _____

Zoning # _____