

TOWN OF BAYBORO - APPLICATION FOR ZONING PERMIT

Application Fee \$ _____

Date Received: _____

APPLICATION/Receipt NO. _____

Zone Classification: _____

Tax Parcel # _____

Application is hereby made for a permit to cover the following:

() Construction of a building () Move and Set Up a Structure

() Alteration of an existing building (other)

() Repair of an existing building

() Erect, hang, move, extend, or enlarge a sign

Location/Address of the premises _____

Refer to the Official Zoning Map. Do the premises appear to be located in an Area of Environmental Concern (AEC)? ____ Yes ____ No

If so, issuance of a zoning permit is contingent upon an on-site investigation by the local AEC Permit Officer, the Zoning Administrator, and in consultation with the State AEC Field Consultant.

Name of Owner _____ Phone: _____

Name of Building Contractor _____ Phone: _____

Name of Wiring Contractor _____

Nature of Structure (dwelling, office bldg., shed, etc.): _____

Proposed Use or Uses of Structure _____

Nature of Alteration or Repairs _____

Number of rooms _____ Number of stories _____ Height _____ ft.

Kind of materials to be used (wood, concrete block, brick, etc.): _____

Copy of Sewer Permit if applicable _____

Cost of proposed building, alteration or repairs: \$ _____

The undersigned submits with this application, plot plans in duplicate drawn to scale showing shape and dimensions of the lot to be built upon, the exact sizes and locations of the building(s) now existing on the lot, the exact size and location of the proposed building(s) or alteration(s), the number of dwelling, commercial or industrial units the building is designed to accommodate, and the approximate setback of buildings on adjoining lots.

I hereby certify that I am submitting this application in behalf and with full authority of _____, and the statements made herein are true. This building, alteration or repair will be constructed to conform to the building laws of the Town of Bayboro, North Carolina and the North Carolina State Building Code.

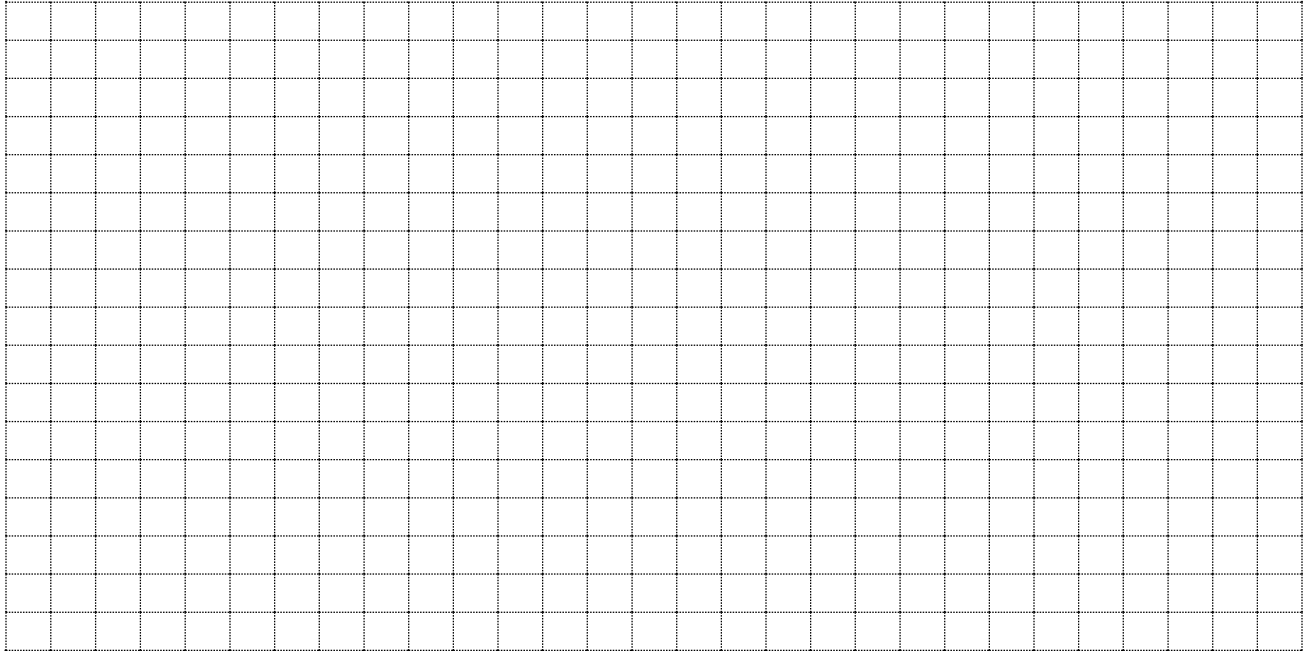
Date

Signature of Applicant

THIS PERMIT SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY IT SHALL HAVE BEEN COMMENCED WITHIN SIX (6) MONTHS OF ITS DATE OF ISSUANCE OR IF THE WORK AUTHORIZED BY IT IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE (1) YEAR.

Submitted to Bayboro Town Council _____ Date of Town Council Meeting _____ Approved _____ Disapproved _____
Referred to Zoning Administrator _____

In the space below, show adjacent street names, size of lot, location of existing building(s) on the lot, sizes and locations on the lot of the proposed building or alteration, location of any required parking area, and proposed use of remainder of lot. If you plan to erect, hang, move, extend, or enlarge a sign, indicate the location proposed for the sign in relation to property lines, zoning district boundaries, right-of-way lines, and existing signs.

A large grid of 30 columns and 20 rows, intended for a site plan or map. The grid is composed of small squares, each further divided into a 2x2 sub-grid by dotted lines.

In the space below, indicate the general layout and design of the sign. What is the area of the sign: _____. State method and type of illumination. _____

A large grid of 30 columns and 20 rows, intended for a sign layout or design. The grid is composed of small squares, each further divided into a 2x2 sub-grid by dotted lines.

NOTICE CONCERNING RESTRICTIVE COVENANTS

The applicant understands and acknowledges that the granting of this Zoning Permit is not a waiver of any restrictive covenant that may apply to the subject property, nor is it to be construed that the Town of Bayboro is implying that this application, as submitted, conforms to any or all restrictive covenants that may apply to subject property.

ALSO, the applicant, by submitting this application and signing this notice, acknowledges that restrictive covenants may exist that affect the proposed building. The applicant agrees to hold harmless that Town of Bayboro against any lawsuits arising out of deed restrictive covenants to which the applicant may become a party.

Signature of Applicant _____ Date _____

FOR ZONING ADMINISTRATOR USE ONLY

This is to certify this application in the name of _____ has been approved and permission is hereby granted to issue a Zoning Permit.

Signature of Zoning Administrator Date

Color Key:

Green – Town Admin

Pink – Resident/Contractor

Blue – Zoning Administrator