

# ZONING PERMIT

## Town of Hudson, NC

DATE: \_\_\_\_\_

ZONING PERMIT NO: \_\_\_\_\_

APPLICANT/BUSINESS NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PROPERTY OWNER NAME (if different from applicant name): \_\_\_\_\_

MAILING ADDRESS (if different from project address): \_\_\_\_\_

PROPERTY IDENTIFICATION NUMBER (PIN): \_\_\_\_\_

- PERMIT REQUESTED:**
- |   |   |
|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION     | <input type="checkbox"/> EXCAVATION/FILLING         |
| <input type="checkbox"/> REMODELING           | <input type="checkbox"/> MECHANICAL                 |
| <input type="checkbox"/> EXPANSION/ALTERATION | <input type="checkbox"/> ELECTRICAL                 |
| <input type="checkbox"/> MANUFACTURED HOME    | <input type="checkbox"/> SEPTIC TANK                |
| <input type="checkbox"/> HOME OCCUPATION      | <input type="checkbox"/> OCCUPANCY                  |
| <input type="checkbox"/> FENCING              | <input type="checkbox"/> DEMOLITION (SEE BACK PAGE) |
| <input type="checkbox"/> ACCESSORY BUILDING   | <input type="checkbox"/> SIGN (SEE BACK PAGE)       |
| <input type="checkbox"/> GRADING              | <input type="checkbox"/> SPECIAL EVENT              |

DESCRIPTION OF WORK: \_\_\_\_\_

NOTES/CONDITIONS/REQUIREMENTS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ STATE LICENSE NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

TOTAL ESTIMATED COST: \$ \_\_\_\_\_

**ZONING INFORMATION:** ZONING DISTRICT: \_\_\_\_\_  TOWN (04)  EXTRA TERRITORIAL AREA (00)

TYPE OF USE:  SINGLE FAMILY RESIDENTIAL  INDUSTRIAL  
 MULTI FAMILY RESIDENTIAL  ACCESSORY  
 COMMERCIAL  INSTITUTIONAL

IS THIS PROPERTY WITHIN A WATERSHED CRITICAL AREA?

NO  YES / COMM. PANEL # \_\_\_\_\_

FLOOD PLAIN ZONE: \_\_\_\_\_

WILL THIS DEVELOPMENT/REDEVELOPMENT DISTURB >1 ACRE?

NO  YES (IF YES, STORMWATER PERMIT REQUIRED)

APPLICATION CONTINUED ON REVERSE SIDE

BUILDING SETBACKS: FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_

( ) CORNER LOT - SIDE ROAD \_\_\_\_\_

( ) 1 STORY ( ) 2 STORY ( ) SPLIT LEVEL

LOT AREA: \_\_\_\_\_

TYPE OF DRIVEWAY PERMIT REQUIRED:

( ) TOWN OF \_\_\_\_\_ ( ) NC DOT ( ) NOT APPLICABLE

**UTILITIES INFORMATION:**

UTILITY SERVICE: ( ) PUBLIC WATER ( ) SEPTIC TANK  
( ) PUBLIC SEWER ( ) GAS  
( ) WELL ( ) ELECTRICITY

REQUIRED OFF STREET PARKING SPACES: \_\_\_\_\_

PROPOSED OFF STREET PARKING SPACES: \_\_\_\_\_

**DEMOLITION PLANS:**

WHERE IS THE DUMPSITE? \_\_\_\_\_

WHICH ROADS/STREETS WILL BE TRAVELED? \_\_\_\_\_

WHAT TYPE OF MATERIALS WILL BE DUMPED? \_\_\_\_\_

**SIGN INFORMATION:**

HEIGHT OF SIGN: \_\_\_\_\_

AREA (SQUARE FEET): \_\_\_\_\_

DISTANCE FROM RIGHT OF WAY: \_\_\_\_\_

TYPE OF SIGN: ( ) FREE-STANDING ( ) BANNER (Temporary)  
( ) WALL ATTACHED ( ) OFF SITE  
( ) PORTABLE (Temporary) ( ) SUSPENDED

WILL SIGN HAVE ELECTRICAL SERVICE? ( ) YES ( ) NO

TYPE OF ILLUMINATION: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all Town Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ZONING ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date.

**ZP 2018**

COST OF PERMIT: (\$ ) SINGLE AND TWO-FAMILY RESIDENTIAL (\$ ) RESIDENTIAL ACCESSORY USE  
(\$ ) MULTI-FAMILY RESIDENTIAL (\$ ) SIGN PERMIT  
(\$ ) NON-RESIDENTIAL ZONING (\$ ) OCCUPANCY  
(\$ ) RESIDENTIAL ALTERATION/ADDITION (\$ ) NON-RESIDENTIAL ALTERATION/ADDITION