

APPLICATION NO. _____

**ZONING APPLICATION
TOWN OF GRANTSBORO
PO Box 174
Grantsboro, NC 28529**

OWNER

SITE ADDRESS

MAILING ADDRESS

PHONE #

APPLICANT

ADDRESS

DESCRIPTION OF USE/PROJECT/ACTIVITY

ZONING DISTRICT _____ BUILDING VACANT? (Y/N) _____ HOW LONG? _____

IF NEW CONSTRUCTION:

If the project is an additional structure to an existing lot N/A

(REQUIRED)

(PROPOSED)

LOT AREA:	_____	_____
LOT WIDTH:	_____	_____
LOT DEPTH:	_____	_____
FRONT:	_____	_____
STREET SIDE:	_____	_____
SIDE:	_____	_____
REAR:	_____	_____
HEIGHT:	_____	_____

SIZE OF STRUCTURE

LENGTH: _____ WIDTH: _____ GROSS BLDG AREA _____ # OF STORIES _____

COMMENTS: _____

APPROVED BY:

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR PERMITS(S) AND INSPECTION OF ALL DEVELOPMENT WORK DESCRIBED, AND AGREES TO COMPLY WITH ALL DEVELOPMENT REGULATIONS AND OTHER LAWS APPLICABLE TO THE USE OF BUILDINGS AND/OR PROPERTIES REFERRED TO HEREIN.

1. This application becomes a Zoning Permit when validated and approved by the Town of Grantsboro.
2. This application is not a building permit, but may be issued under NCGS 160A-417, Permits.

SIGNATURE OF APPLICANT _____

APPROVED: TOWN OF GRANTSBORO

Date: _____

Zoning Administrator
Date: _____

