

Town of Taylorsville
67 Main Avenue Drive, SE
Taylorsville, NC 28681
Phone: (828) 632-2218 Fax: (828) 632-7964

ZONING PERMIT

Application No. _____ Date _____

Owner/Applicant _____ Phone No. _____

Mailing Address _____

Location of Property _____

Contractor _____ Phone No. _____

Mailing Address _____

Tax Map No. _____ Zoning District _____ () City () Extraterritorial Area - 1 Mile Radius

Proposed Use/Purpose of Permit/Description of Work _____

New Construction () Remodeling/Addition () Demolition () Manufactured Home () Sign ()
Modular Home () Accessory Use () Septic Tank () Plumbing () Electrical () Est. Cost _____

Size of Proposed Structure in Sq. Ft. _____ Area of Property in Sq. Ft. or Acreage _____

Setback Requirements: Front _____ Side _____ Rear _____

Type of Use () Residential () Commercial () Industrial () Accessory () Institutional

100 Yr. Floodplain () Yes () No Watershed () Yes () No _____ Building Coverage% _____

Utility Service: () Water () Sewer () Well () Septic Tank () Gas () Electricity

Comments: _____

I do 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 Official _____ Date _____

This permit shall expire and be cancelled unless the work authorized by it shall have begun within six (6) months of its date of issue, or if the work authorized by it is suspended or abandoned for a period of one year.