ZONING PERMIT APPLICATION

#_____

Pollocksville Town Hall
PO Box 97
Pollocksville, NC 28573
252-224-9831
admin@townofpollocksville.com

Complete only the information on left side.

Purpose of Application

New Construction:

☐ Commercial ☐ Residential ☐ Mobile Home

Existing Building:

☐ Addition ☐ Alteration ☐ Repair ☐ Roofing

☐ Accessory Building/Use

☐ Change of Use

☐ Other (Please Specify) _____

Property Address _____

_____

Current or most recent type of activity/use

_____

Proposed Business or Activity/Use

Name of Business: _____

Type of proposed business or use (describe activities):

Applicant

☐ Property Owner ☐ Business Owner

☐ Other _____

Name: _____

Address (if different than above): _____

_____

Phone # _____

Email: _____

Date property acquired: _____

I have completed this application truthfully and to the best of my ability.

_____

Signature of Applicant Date

To be completed by Zoning/Town Official

Current Zoning District(s): _____

☐ The proposed use **IS PERMITTED**

☐ The proposed use **IS NOT PERMITTED**

Lot Size (Sq. ft or Acres): _____

Required Lot Area: _____

Required Lot Width: _____

Corner Lot: ☐ Yes ☐ No

Setbacks:

Front _____ Side _____ Rear _____

☐ Off-Street Parking # Required: _____

☐ Public Water ☐ Public Sewer

Lot Coverage: _____ Allowed: _____

☐ Special Development Permit/Conditional Use

☐ Site Plan

☐ Floodplain _____

☐ Other Requirements: _____

_____

Property PIN: _____

Fee Paid: _____ Reciept #: _____

Application Recieved: _____

☐ Approved

☐ Not Approved

Remarks:

_____

Signature of Zoning Official Date