GENERAL ZONING COMPLIANCE PERMIT APPLICATION

Town of Shallotte P O Box 2287 Shallotte NC 28459
Phone: 910-754-4032 Fax Phone: 910-754-2740

$100.00 Application Fee

Applicant:_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephones Number(s):_____Fax Number: _____

Property Address:_____

Property Owner: _____

Tax Parcel No: _____ Zoning District: _____ Flood Area: ☐ Yes, zone_____ ☐ No

Check all that Apply:

☐ Demolition - ☐ Entire building ☐ Interior Only

☐ New Business/Occupant - Business Name: _____

☐ Change of Use: _____

☐ Addition/Remodeling (any additions to a principal building must fit within required setbacks of the principal building)

Set Backs: Front Yard: _____ Side Yard: _____ Back Yard: _____ -Site Drawing Required ☐ Submitted

☐ Accessory Structure (Must be 10ft. from Principal building & not allowed in front yard):

Set Backs: Side Yard: _____ Back Yard: _____ - Site Drawing Required ☐Submitted

☐ Land Grading/Clearing - Total Amount of Land Disturbance _____ SF or _____ Acres

☐ Other _____

Description: (Please list below the description of new business, building up-fit, Accessory structure or what is being demolished):

_____

_____

Sewer System Development Fees: Some business or additions may require additional System Development fees. Call 910-754-4032 for information for fees. All sewer assessment fees must be paid at time of issuing permit.

Sewage Treatment: ☐ County Sewer ☐ Septic Tank ☐ Town Sewer

Brunswick County Central Permitting/ Fire Marshal Requirements:

Brunswick County performs all building and fire inspections for the Town of Shallotte. Please check with Brunswick County to see if they will require any type of permits for your project.

Applicant Certification: I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official to enter on the property described above for the purpose of inspections. I understand that if this application is approved that giving false information or if failure to meet any conditions of the approval, shall result in the revocation of any permit(s) based upon this certificate.

_____ _____ _____

Applicant(s) Signature Applicant(s) Print Name Date

After consideration and review of the zoning compliance permit application, I have determined that the applicant is in compliance with all Town ordinances, which relate to structures erected or situated within the Town of Shallotte.

_____ _____

Zoning Official Date