

LOUISBURG ZONING PERMIT

Permit# _____

New Construction ____ Demolition ____ Improvement ____
Proposed Use: _____

Property Owner: _____ Telephone: _____
Address: _____

Applicant: _____ Telephone: _____
Address: _____

Tax Map# _____ Tax Record# _____ Zoning _____ Flood Plain _____
Non-Conforming cont. _____ Watershed Area: Protected Area _____ Critical
Area _____

Utilities

Electric non-city: _____ City Electric: _____
Water: Well _____ City Water: _____
Sewer: Septic _____ City Sewer: _____

Special Permits or Requirements

Special Exception: _____ Council Approval date: _____
Conditional Use: _____ Brd. of Adjustment Approval date: _____
Variance Issued: _____ Brd. of Adjustment Approval date: _____

Yard Requirements

Front yard _____ Side Yard _____ Rear Yard _____ Corner _____

Applicants Certification

I certify that all of the statements made in this application and any attached documentation are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in the rejection of this permit or subsequent revocation of this permit. Authorized town officials are granted right of entry to make evaluations or inspections as to compliance and to release information upon public request. I understand that additional State and County permits may be required prior to occupancy of requested use. I further understand that a Certificate of Compliance shall be required and issued by the Town of Louisburg prior to the occupancy and/or commencement of operations of the proposed use.

Signature of Applicant/Owner/Agent Date

This permit is issued pursuant to information contained herein and provided by the owner and/or agent. Information determined to be false or failure to comply with all appropriate Statutes, Codes, and Regulations may result in the immediate revocation of this permit.

Town Official Date

Special
Requirements/Notes: _____

