

City of Mount Airy

Department of Planning & Community Development
 300 S Main Street, P.O. Box 70, Mount Airy, NC 27030
 P: (336)786-3520 / E: planning@mountairy.org



ZONING COMPLIANCE PERMIT APPLICATION

Date

Address of property for which permit is requested"

Tax I.D. # _____
 Map Block Parcel

Construction Value

Property Owner Telephone No.

Property Owner Address

Applicant Name Telephone No.

Property is within: Corporate Limits ___ ETJ ___ (Check one) Existing Use

Property Information:			
Utilities:	'Public Water 'Private Well	'Public Sewer Private Septic	Zoning:
Flood Hazard Area:			
Watershed: aa'I GU'aa'P Q	Historic District: __ YES __ NO	Additional Overlay<aaaa _____ aaaaa _____	

PROPOSED USE:

For structures, provide dimensions: Width: x Length: Square Footage: sq. ft.

SITE IMPROVEMENTS (CHECK ALL THAT APPLY):

<input type="checkbox"/> New construction	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition	<input type="checkbox"/> Parking	<input type="checkbox"/> Driveway access approval
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Landscaping/Buffers	<input type="checkbox"/> Co-Location (Telecommunications)
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Non-conforming use	<input type="checkbox"/> Temporary Use: _____
<input type="checkbox"/> Remodeling / Upfit	<input type="checkbox"/> Change in use	<input type="checkbox"/> Other: _____

ATTACHED IS A SITE PLAN DRAWN TO SCALE SHOWING DIMENSIONS OF LOT, LOCATION OF PROPOSED IMPROVEMENTS, A LANDSCAPING, AND PARKING PLAN, IF APPLICABLE.

*** For public water and/or sewer availability, contact Public Works at (336)786-3580***

Proposed Height <input type="text"/>	Height Limits <u>See ZO</u>	Rear Yard Available _____	Required <u>See ZO</u>
Front Yard Available _____	Required <u>See ZO</u>	Lot Area Available _____	Required <u>See ZO</u>
Side Yard Available _____	Required <u>See ZO</u>	Lot Width _____	Required <u>See ZO</u>
Side Yard Available _____	Required <u>See ZO</u>	Lot Coverage (%) _____	Required <u>See ZO</u>

Landscaping: _____ Signage: _____ Parking: _____

ADDITIONAL COMMENTS:

I certify that all information included with this application is true and correct and agree to conform to all city ordinances and the laws of the State of North Carolina regarding this work.

 Signature

 Date