



ZONING COMPLIANCE PERMIT

City of Mount Airy, North Carolina

Planning Department, P. O. Box 70, Mount Airy, NC 27030 (336)786-3520

Please print firmly

Date \_\_\_\_\_ PERMIT # \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ Telephone No. \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

Contractor Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address of property for which permit is requested: \_\_\_\_\_

Tax I.D. # \_\_\_\_\_ Zoning \_\_\_\_\_

Map Block Parcel

Construction Value \_\_\_\_\_

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

PROPOSED USE \_\_\_\_\_

SITE IMPROVEMENTS (CHECK ALL THAT APPLY)

- Checkboxes for: New construction, Addition, Accessory structure, etc.

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

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

Proposed Height \_\_\_\_\_ Height Limits \_\_\_\_\_ Rear Yard Available \_\_\_\_\_ Required \_\_\_\_\_

This project is in the Watershed IV Critical Area \_\_\_\_\_, or Protected Area \_\_\_\_\_

Proposed Percent Built Upon (Impervious Surface Area) \_\_\_\_\_ %, Maximum Allowed \_\_\_\_\_ %

Proposed Residential Density \_\_\_\_\_ Units/Acre: (N/A if using %BU)

Maximum Allowed \_\_\_\_\_ Units/Acre, 30 foot buffer is provided along which perennial waterway \_\_\_\_\_ or N/A \_\_\_\_\_

PROPOSED USE ALSO COMPLIES WITH THE FOLLOWING:

WITHIN DOWNTOWN FIRE DISTRICT: YES NO
WITHIN HISTORIC DISTRICT: YES NO
SIDEWALK MASTER PLAN: YES NO

LANDSCAPING \_\_\_\_\_
SIGNAGE \_\_\_\_\_
PARKING \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

This Zoning Permit shall become invalid unless the work authorized by it shall have been commenced within 6 months of its date of issue, or if the work authorized by it is suspended or abandoned for a period of one year.

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.

OWNER OR CONTRACTOR

DATE

ZONING ENFORCEMENT OFFICER

DATE

Contractor Address

Approved checkbox

Disapproved checkbox