

# ZONING PERMIT

## CITY OF CONOVER



DATE: \_\_\_\_\_ ZONING PERMIT NO: **C** \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

MAILING ADDRESS (if different from project address): \_\_\_\_\_

PROPERTY IDENTIFICATION NUMBER: \_\_\_\_\_ QUADRANT: NE ( ) NW ( ) SE ( ) SW ( ) CBD ( )

### PERMIT REQUESTED:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION     | <input type="checkbox"/> EXCAVATION/FILLING   | <input type="checkbox"/> FENCING                    |
| <input type="checkbox"/> REMODELING           | <input type="checkbox"/> MECHANICAL           | <input type="checkbox"/> UTILITY BUILDING           |
| <input type="checkbox"/> EXPANSION/ALTERATION | <input type="checkbox"/> ELECTRICAL           | <input type="checkbox"/> DEMOLITION (SEE BACK PAGE) |
| <input type="checkbox"/> MANUFACTURED HOME    | <input type="checkbox"/> SEPTIC TANK          | <input type="checkbox"/> GRADING                    |
| <input type="checkbox"/> HOME OCCUPATION      | <input type="checkbox"/> SIGN (SEE BACK PAGE) | <input type="checkbox"/> POOL                       |
| <input type="checkbox"/> OCCUPANCY            |   |   |

DESCRIPTION OF WORK: \_\_\_\_\_

NOTES/CONDITIONS/REQUIREMENTS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ STATE LICENSE NO: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

TOTAL ESTIMATED COST: \$ \_\_\_\_\_

### ZONING INFORMATION:

ZONING DISTRICT: \_\_\_\_\_ ( ) CITY ( ) EXTRA TERRITORIAL AREA

TYPE OF USE: ( ) SINGLE FAMILY RESIDENTIAL ( ) INDUSTRIAL ( ) ACCESSORY  
( ) MULTI FAMILY RESIDENTIAL ( ) COMMERCIAL ( ) INSTITUTIONAL

BUILDING SETBACKS: FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_

( ) CORNER LOT - SIDE ROAD \_\_\_\_\_  
( ) 1 STORY ( ) 2 STORY ( ) SPLIT LEVEL

PERCENTAGE (%) OF LOT IN BUILDING COVERAGE: \_\_\_\_\_ %

TYPE OF DRIVEWAY PERMIT REQUIRED: ( ) CITY OF CONOVER ( ) NC DOT ( ) NOT APPLICABLE

IS THIS PROPERTY WITHIN A DESIGNATED FLOODPLAIN? ( ) NO ( ) YES

FIRM PANEL # \_\_\_\_\_

IS THIS PROPERTY WITHIN THE WATERSHED IV PROTECTED AREA? ( ) NO ( ) YES

WILL THIS DEVELOPMENT/REDEVELOPMENT DISTURB >1 ACRE? ( ) NO ( ) YES  
(IF YES, STORMWATER PERMIT REQUIRED)

CONTINUED ON REVERSE

**UTILITIES INFORMATION:** UTILITY SERVICE: ( ) CITY WATER ( ) SEPTIC TANK  
( ) CITY SEWER ( ) GAS  
( ) WELL ( ) ELECTRICITY

CITY UTILITY FEES: ( ) DEPOSIT ( ) TAP FEES ( ) SEWER CAPACITY CHARGE

UTILITY COMPLIANCE CAPACITY FORM REQUIRED?  
( ) NO ( ) YES DATE COMPLETED: \_\_\_\_\_

---

---

**DEMOLITION PLANS:** WHERE IS THE DUMPSITE? \_\_\_\_\_

WHICH ROADS/STREETS WILL BE TRAVELED? \_\_\_\_\_

WHAT TYPE OF MATERIALS WILL BE DUMPED? \_\_\_\_\_

---

---

**SIGN INFORMATION:** HEIGHT OF SIGN: \_\_\_\_\_

AREA (SQUARE FEET): \_\_\_\_\_

DISTANCE FROM RIGHT OF WAY: \_\_\_\_\_

TYPE OF SIGN: ( ) FREE-STANDING ( ) SUSPENDED  
( ) WALL ATTACHED ( ) OFF SITE

WILL SIGN HAVE ELECTRICAL SERVICE? ( ) YES ( ) NO

TYPE OF ILLUMINATION: \_\_\_\_\_

NOTES: \_\_\_\_\_

---

*A City of Conover Certificate of Occupancy shall be obtained by all commercial, industrial, and institutional entities within the Conover zoning jurisdiction before commencing operations. This Zoning Permit must be completed and approved by the Planning Director or his/her designee prior to the issuing of a Certificate of Occupancy. In addition, applicant shall complete a commercial water/sewer service application and have approval from the following services (where necessary) before a Certificate of Occupancy is issued:*

*Conover Fire Marshal: (828) 695-2876*

*Conover Public Works (828) 464-4808*

*Catawba County Building Services: (828) 465-8397*

*Catawba County Environmental Health: (828) 465-8270*

I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all City Ordinances, Laws of the State of North Carolina, and Law of the United States of America. Failure to do so may result in the revocation of a Certificate of Occupancy.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ZONING OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date.*

**ZP 2023**