

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