

TOWN OF ST. PAULS, NC
ZONING PERMIT APPLICATION

TYPE OF APPLICATION:

() Addition () New Construction () Fence () Soil Evaluation () Pre-Fab Carport
() Build Storage Building () Pre-Fab Storage Building () Re-Model () Deck
() Build Detached Garage/Carport () Pre-Fab Garage/Carport () New Business
Sewer: () Public () Private **Water:** () Public () Private () Other
Estimated Cost: _____

GENERAL INFORMATION:

Job Address _____
Tax Map No _____ PIN _____
Current Zoning _____ Flood Plain () Yes () No

PROPERTY OWNER:

Name _____
Address _____ City _____ State _____
Mailing Address (if different from above) _____
Phone# _____

CONTRACTOR INFORMATION: (if other than property owner)

Contractor Name _____
Contractor Address _____
Contractor License # _____ Contact Person _____ Phone# _____

LOT SIZE:

Front Yard _____	Lot Width _____
Rear Yard _____	Lot Depth _____
Left Yard _____	Lot Sq. Ftg. _____
Right Yard _____	Corner Lot () Yes () No

DESCRIPTION OF WORK:

Attach a plot plan/ drawing with the following information:

Lot Size

All proposed and existing structures to include proposed or existing buildings/storage buildings

Draw structures/buildings. Include distances to property lines.

Draw easements/encroachments on property

Applicant Printed Name _____
Applicant Signature _____ **Date** _____