

PLANNING AND DEVELOPMENT DEPARTMENT

ZONING PERMIT APPLICATION - BUSINESS, INDUSTRIAL, INSTITUTIONAL, MULTI-FAMILY CONSTRUCTION

Office Use Only:

Zoning Permit Number: _____ Date: _____

Application Fee: \$_____ Receipt Number: _____

Please review by _____ and return to Planning & Dev. Thank you!

Fire: _____ Approved; _____ Conditional Approved; _____ Denied; _____ Additional Info. Needed

Reviewed by: _____ Comments: _____

Police: _____ Approved; _____ Conditional Approved; _____ Denied; _____ Additional Info. Needed

Reviewed by: _____ Comments: _____

Public Service: _____ Approved; _____ Conditional Approved; _____ Denied; _____ Additional Info. Needed

Reviewed by: _____ Comments: _____

Person Co. Inspections: _____ Approved; _____ Conditional Approved; _____ Denied; _____ Additional Info.

Needed _____; Reviewed by: _____: Comments: _____

1. General Information (Please Type or Print)

Property Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Applicant/Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

2. Property Information:

Property Address (if known): _____
Person County Tax Map: _____ Lot: _____ Zoning District: _____
Site Access off Road: _____ Lot Acreage: _____
Status of Lot: Existing: _____; Proposed: _____

3. Utilities (Existing or Proposed – Check All That Apply):

Public Sewer: (a) ___ Existing, (b) ___ Proposed
Public Water: (a) ___ Existing, (b) ___ Proposed
Well: (a) ___ Existing, (b) ___ Proposed
Septic: (a) ___ Existing, (b) ___ Proposed

Comments: _____

4. Describe Nature of Request (i.e., construct new doctor’s office, auto sales center, restaurant addition, specify square footage heated & unheated, up fitting tenant space for office, etc.). If there is any existing land use on property please specify too.

5. Number of Employees (on maximum shift) _____

6. If Church, state the seating capacity in main sanctuary/assembly area: _____

7. Will food be prepared on site: (Y/N) _____

8. Submittal Information:

The items checked below are needed to verify compliance with the City’s ordinance provisions and must accompany the Zoning Permit application:

___ **A.** A copy of the Person County Health Department Authorization Permit if the parcel is served by a septic tank. **For more permit information contact the Person County Environmental Health Department Office at (336) 597- 1790. Their office is adjacent to the Person County Courthouse.**

___ **B.** A copy of the most recent deed and survey plat (if on record with the Register of Deeds) of the property for which the permit is requested. **A copy of the deed can be obtained from the Person County Register of Deeds Office located on the 2nd floor of the Person County Courthouse.**

___C. A copy of lease agreement, if applicable.

___D. A site plan (5 copies) prepared/drawn to scale (min. 1"=50' unless otherwise specified by the Zoning Administrator) by either a N.C. Licensed Professional Surveyor, Engineer or Architect depicting the following:

1. Vicinity map, property boundaries, total area of parcel (sq. ft and acreage), names of adjoining property owners, north arrow, and scale.
2. Names of adjoining streets, location of rights-of-way(s) and easement
3. Existing and proposed structures (including additions) existing & proposed parking areas, parking spaces, drive/sidewalk location(s); dumpster locations.
4. If the site is located Flat River's Balance of Watershed, please state the applicable square footage/percentage of all existing/proposed impervious surfaces and acreage of area to be left natural state.
5. If applicable, location of 100 year flood plain
6. If applicable, location of all perennial streams and surface drainage areas (i.e., topography [min. 10' contour])
7. If applicable, existing or proposed sign locations, dimensions & height
8. If applicable, location/type of any required landscape buffer either existing or proposed.
9. Note on site plan all that apply: Height/# stories of existing/proposed buildings/structures, building sq. ft. heated/unheated, proposed land use (i.e., restaurant, warehouse, etc.), zoning of adjacent tracts.
10. If applicable, any existing water or sewer lines on or adjacent to the parcel.

___E. Other: _____

Note: Additional Information may be needed upon review of application/site plan.

8. Signatures and Acknowledgment:

The undersigned hereby certify that the application material is complete and accurate.

FURTHERMORE, the undersign hereby authorizes the City of Roxboro's Zoning Administrator or designated representative to enter upon the above referenced property for the purpose of inspecting and verifying compliance the City's ordinance provisions.

Applicant's Signature

Date

Property Owner's or Authorized Agent's Signature

Date

