

Town of Seven Devils

157 Seven Devils Road Seven Devils, NC 28604

Zoning Permit

Phone (828) 963-5343 Fax (828) 963-7418

Permit Number: _____ **Date Issued** _____

Name:		Phone:															
Address:																	
Property Owner (if different):		Phone:															
Address:																	
Location:		<input type="checkbox"/> Inside Town <input type="checkbox"/> Inside ETJ															
Tax Parcel ID:		Lot Dimensions:															
Zoning:	<input type="checkbox"/> LDR <input type="checkbox"/> MDR <input type="checkbox"/> T <input type="checkbox"/> RB <input type="checkbox"/> GB <input type="checkbox"/> _____																
Proposed Use:																	
Does the lot meet the required street frontage?		<input type="checkbox"/> No <input type="checkbox"/> Yes															
The house is located on a <input type="checkbox"/> Public Street <input type="checkbox"/> Private Street. If private street, attach a copy of the recorded easement and/or the Street Maintenance Agreement. (Note: No maintenance or snow removal is provided by the Town of Seven Devils on private roads/streets, etc.) Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Setbacks	Utilities	Type of Activities	Other Regulations														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Required</td> <td style="text-align: center;">Actual</td> </tr> <tr> <td>Front: _____,</td> <td>_____,</td> </tr> <tr> <td>Rear: _____,</td> <td>_____,</td> </tr> <tr> <td>Side: _____,</td> <td>_____,</td> </tr> <tr> <td>Side: _____,</td> <td>_____,</td> </tr> <tr> <td>Height: _____,</td> <td>_____,</td> </tr> <tr> <td>Lot Width: _____,</td> <td>_____</td> </tr> </table>	Required	Actual	Front: _____,	_____,	Rear: _____,	_____,	Side: _____,	_____,	Side: _____,	_____,	Height: _____,	_____,	Lot Width: _____,	_____	<input type="checkbox"/> Well <input type="checkbox"/> Town Water <input type="checkbox"/> Septic Tank	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Septic Tank <input type="checkbox"/> Sign <input type="checkbox"/> Site Preparation <input type="checkbox"/> Driveway <input type="checkbox"/> _____	Signs Type _____ Size _____ Sq. Ft. Buffer Required? <input type="checkbox"/> No <input type="checkbox"/> Yes, In accordance with: <hr/> Town Engineer Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> State D.O.T. Driveway permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Required	Actual																
Front: _____,	_____,																
Rear: _____,	_____,																
Side: _____,	_____,																
Side: _____,	_____,																
Height: _____,	_____,																
Lot Width: _____,	_____																

I do hereby certify that the information on this permit is accurate and correct to the best of my knowledge and I agree to comply with all state, county and/or town codes regulating such use/activity, and with all plans or specifications submitted herewith. I understand that the Zoning Permit will expire after six (6) months if the authorized work has not begun. I also understand that the permit will expire if the authorized work is suspended or abandoned for a period of one (1) year. In all cases, the Zoning Permit will expire on the last day of the eighteenth (18) month after issuance. I understand that any driveway installation includes installation of all necessary drainage facilities as specified by the Town Engineer/Public Works.

 Signature of Applicant _____
Date

I hereby certify that the proposed use and/or activity described above is in compliance with the Zoning Ordinance of the Town of Seven Devils.

 Signature of Zoning Officer _____
Date