

Town of Seven Devils

1356 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
Required	Actual	<input type="checkbox"/> Well	<input type="checkbox"/> New Construction
Front: _____'	_____'	<input type="checkbox"/> Town Water	<input type="checkbox"/> Alteration
Rear: _____'	_____'	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Addition
Side: _____'	_____'		<input type="checkbox"/> Repair
Side: _____'	_____'		<input type="checkbox"/> Manufactured Home
Height: _____'	_____'		<input type="checkbox"/> Septic Tank
Lot Width: _____'	_____'		<input type="checkbox"/> Sign
			<input type="checkbox"/> Site Preparation
			<input type="checkbox"/> Driveway
			<input type="checkbox"/> _____
		Other Regulations	
		Signs	
		Type _____	
		Size _____ Sq.Ft.	
		Buffer Required?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes, In accordance with:	

		Town Engineer Approval Required?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		State D.O.T. Driveway permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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