

TOWN OF WEAVERVILLE UNIFIED HOUSING DEVELOPMENT ZONING APPLICATION

Planning and Zoning Department, 30 South Main Street, P.O. Box 338, Weaverville, NC 28787
 (828) 484-7013 --- fax (828) 645-4776 --- tgupton@weavervillenc.org
Special Exception Permit Fee: \$350.00

OWNER/APPLICANT NAME:

APPLICATION DATE:

BRIEFLY DESCRIBE THE PROJECT (# of units):

PHONE NUMBER:

PROPERTY ADDRESS:

PIN:

DEED BOOK/PAGE:

TRACT AREA (acres):

PROPOSED SQ. FOOTAGE:

REGISTERED CONTRACTOR:
ADDRESS:

PHONE NUMBER:

REGISTERED ENGINEER:
ADDRESS:

PHONE NUMBER:

All applications shall be accompanied by a site plan and required supplementary plans containing all elements of the attached checklist.

It is the applicant's responsibility to obtain a copy of the Town of Weaverville Zoning Ordinance and to be fully aware of the regulations detailed therein.

I certify that the above information is accurate and true and that I am the owner or a duly appointed agent of the owner.

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY

FEE:	DATE PAID:	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CASH
SITE PLAN DECISION	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED	DATE:
DETAILED PLAN DECISION	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED	DATE:
<input type="checkbox"/>	APPROVED WITH CONDITIONS:				