

# TOWN OF WEAVERVILLE APPLICATION FOR ZONING PERMIT

Planning and Zoning Department, 30 South Main Street, P.O. Box 338, Weaverville, NC 28787

(828) 484-7002--- fax (828) 645-4776 --- [jeller@weavervillenc.org](mailto:jeller@weavervillenc.org)

Permit Fee Based Upon Size of Structure

OWNER/APPLICANT NAME:

PHONE NUMBER:

PROPERTY ADDRESS:

PIN:

LOT AREA (acres):

ZONING DISTRICT:

BRIEFLY DESCRIBE THE PROJECT INCLUDING PROPOSED SQUARE FOOTAGE:

**All applications shall be accompanied by a general site plan draw to scale and containing all elements deemed necessary to ensure compliance with the code of ordinances as determined by the Zoning Administrator.**

**Prior to submission of the application and site plan, all property corners shall be in place and proposed buildings and structures shall be accurately located upon the lot by stakes or other acceptable means.**

**It is the applicant's responsibility to obtain a copy of the Town of Weaverville Planning and Development Ordinances and to be fully aware of the regulations detailed therein.**

**Appropriate measures shall be taken to control erosion and sedimentation related to construction or any other land disturbance activity. Properties found to be noncompliant with municipal ordinance or other local or state rules and regulations may be subject to permit revocation or civil penalties issued to the property owner. Additional information related to erosion and sedimentation controls can be obtained upon request.**

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

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## OFFICE USE ONLY

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