

# City of Locust

Post Office Box 190 Locust, NC 28097-0190 (704) 888-5260 Fax (704) 888-1566 Planning and Zoning Department

## APPLICATION FOR ZONING PERMIT

### Fence Permit

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROJECT STREET ADDRESS: \_\_\_\_\_ LOT#: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ PIN: \_\_\_\_\_ TAX ID NUMBER: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR PHONE NUMBER(S): \_\_\_\_\_

MATERIAL TYPE: WOOD / PLASTIC / METAL / OTHER If Other: \_\_\_\_\_

IF METAL PLEASE SPECIFY BUFFER/SCREENING TECHNIQUES: \_\_\_\_\_

#### ZONING OF ADJACENT PROPERTIES:

NORTH: \_\_\_\_\_ SOUTH: \_\_\_\_\_

EAST: \_\_\_\_\_ WEST: \_\_\_\_\_

#### INCLUDE SITE PLAN SHOWING LOCATION

By signing below, the applicant acknowledges that he (she) is aware of all applicable zoning ordinances for the City of Locust, and agrees to abide by all such ordinances. Applicant is not relying on any verbal representations of any employee or other representative of the City of Locust. Applicant further acknowledges that failure to comply with the zoning ordinances of the City of Locust will require that the violating structure either be modified to conform to the relevant ordinance(s) or be demolished, all at the applicant's expense.

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

\_\_\_\_\_  
DATE