

# 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**

### **Residential Upfit Permit**

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

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

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

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

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

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

CONSTRUCTION FOR PURPOSE OF: \_\_\_\_\_

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

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

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

CONSTRUCTION TYPE: NEW /REMODEL /ADDTION /OTHER \_\_\_\_\_

SQUARE FOOTAGE : \_\_\_\_\_ HEATED: \_\_\_\_\_ UNHEATED: \_\_\_\_\_

BEDROOMS: \_\_\_\_\_

SETBACKS: FRONT: \_\_\_\_\_ BACK: \_\_\_\_\_ SIDE: \_\_\_\_\_

HEIGHT OF STRUCTURE: \_\_\_\_\_ CORNER LOT: YES / NO

GARAGE SETBACK: SIDELOAD \_\_\_\_\_ FRONT LOAD 6' SETBACK \_\_\_\_\_ Carriage \_\_\_\_\_

DESCRIPTION OF IMPROVEMENTS:

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For new residential construction and major additions, the City of Locust requires that the Applicant submit a plat of the property that reflects the location of all proposed construction on the property, including all setback and easement lines, and a basic building layout showing entry, garage and driveway placement. In addition, plats of commercial properties must also show all proposed landscaping, building access, sign locations, sidewalks, parking areas, and traffic flows. New construction may also require payment of both sewer tap and sewer capacity fees prior to the issuance of a Zoning Permit.

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.

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APPLICANT SIGNATURE

DATE