

Town of Franklinton
Zoning Permit Application

Date of Application: _____

Zoning District: _____

Project Address:

APPLICANT INFORMATION

Name of Applicant: _____

Telephone: _____

Email: _____

Mailing Address: _____

PROPERTY OWNER INFORMATION (If different from Applicant)

Name of Property Owner: _____

Telephone: _____

Mailing Address: _____

PERMIT DETAILS

1. Description of Request

Please provide a brief description of the intended work:

2. Type of Structure

What type of structure is being erected, repaired, removed, altered, or remodeled?

3. Estimated Cost of Work

Total estimated cost of construction or modification: \$ _____

4. Intended Use of Structure

What is the intended use for the building, structure, sign, or land?

5. Project Details

Name of Architect, Engineer, or General Contractor (if applicable):

Telephone: _____

Type of Construction (e.g., new building, renovation, etc.): _____

Height of Structure: _____ ft.

Number of Family Units (if applicable): _____

Dimensions of Lot: _____ sq. ft.

6. Description of Structure

Provide a brief description of the structure, including materials and purpose:

CERTIFICATION

I, the undersigned applicant, certify that:

- I am the owner of the property or have the owner's consent to act on their behalf in applying for this permit.
- The statements made in this application are true and accurate to the best of my knowledge.
- The work will comply with all applicable Building and Zoning Codes adopted by the Town of Franklinton, North Carolina.
- If construction does not commence within six (6) months of issuance, or if work is suspended or abandoned for one (1) year, this permit will become invalid.

Authorization for Inspections

I, the applicant, hereby authorize the Town of Franklinton and its employees, representatives, and agents to enter upon the property, building, and premises listed above at reasonable times and during the course of the project to conduct inspections, ensure compliance with the zoning permit and applicable codes, and verify the progress of the work.

Applicant's Signature: _____

Date: _____

APPROVAL/DENIAL

Approved by Staff: _____

Date of Approval: _____

Denied: _____

Reasons for Denial: _____

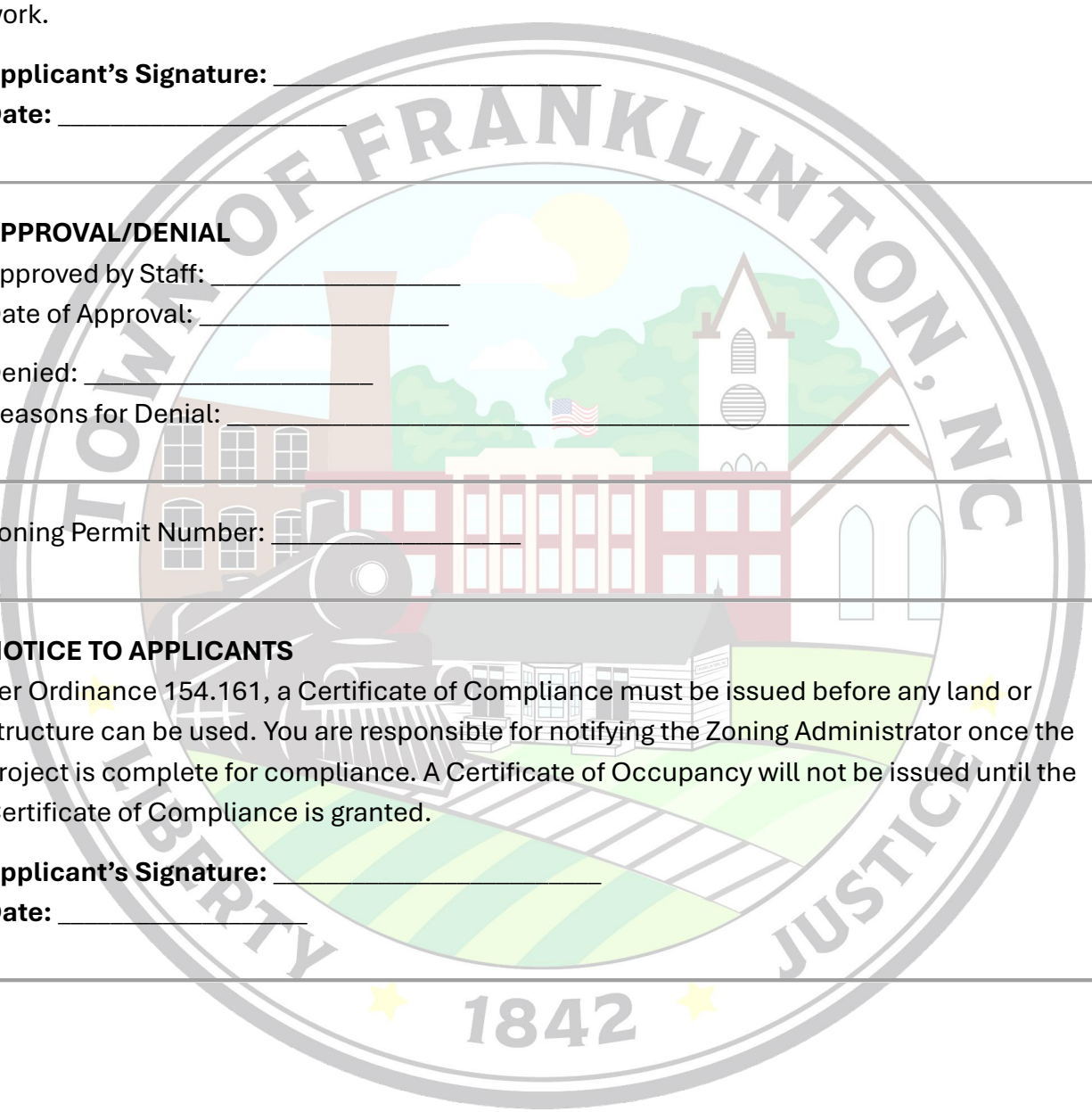
Zoning Permit Number: _____

NOTICE TO APPLICANTS

Per Ordinance 154.161, a Certificate of Compliance must be issued before any land or structure can be used. You are responsible for notifying the Zoning Administrator once the project is complete for compliance. A Certificate of Occupancy will not be issued until the Certificate of Compliance is granted.

Applicant's Signature: _____

Date: _____



SCALE DRAWING REQUIREMENTS

Please submit a scale drawing with the following details (engineering drawings may be required in some cases):

1. The shape and dimensions of the lot where the proposed work will occur.
2. The location of the lot in relation to adjacent right-of-ways.
3. The shape, dimension, and location of all existing and proposed structures.
4. The intended use of the land or building, including the scope and location of the use.
5. Off-street parking and loading space locations and dimensions, as well as ingress and egress points.
6. Any additional information requested by the Zoning Enforcement Officer for compliance review.

