Walter M. Gardner, Jr. – Mayor

Robert F. Davie, Jr. – Town Administrator

P.O. Box 281

Warrenton, NC 27589-0281

(252) 257-1122   Fax (252) 257-9219

www.warrenton.nc.gov

ZONING PERMIT

Date: _____

* $50 processing fee is required *

1. Address: _____   Zoning Classification: _____

2. Describe your project: _____

    _____

    _____

    _____

    _____

3. **All applications must be accompanied by a plot or site plan drawn to scale which shall clearly show:**
    A. **The actual shape and dimensions of the lot to be built upon or used and total acreage in the lot;**
    B. **The location of the proposed structure or use on the lot;**
    C. **The exact location and size of existing structures and uses;**
    D. **The existing and intended use of each structure or part of structure;**
    E. **The number of dwelling units the building is designed to accommodate, if applicable;**
    F. **The height and number of stories of the structure;**
    G. **The location and design of any off-street parking and/or loading;**
    H. **The location and dimensions of driveways. Driveway approval procedures as required by the State Department of Transportation shall be initiated;**
    I. **Date of plan preparation;**
    J. **Location and descriptions of landscaping, buffering, and signs;**
    K. **Material of construction**

    * Above A through K are MANDATORY. If not included, application will be rejected. *

Important Notes

- Driveway must meet State Department of Transportation requirements in some locations; approval procedures shall be initiated by applicant; no curb cut may be made without written permission from Town administrator.
- Additional information is required for applications for more than one principal building on the same lot.
- Permit shall become invalid if authorized work is not commenced within six months from date of issue, or if the work is suspended or abandoned for a period in excess of one year.

OWNER/APPLICANT NAME: _____

PHONE: _____

EMAIL: _____

To be completed by the Zoning Administrator

ZONING ADMINISTRATOR_____Robert Davie_____ $50 FEE RECEIVED _____

Approved_____ Not Approved_____ Date Reviewed_____

PERMIT #_____