



IREDELL COUNTY DEVELOPMENT SERVICES

PLANNING DIVISION

PO BOX 788 / 349 N. Center Street

STATESVILLE NC 28687-0788

(704) 878-3118 / FAX 928-2025

Non-Residential Zoning Permit Application

What are you building? (Please check)

New Commercial Building _____ Sign _____ Home Occupation _____ Temporary Event _____
Commercial Addition _____ Cell Tower _____ Co-Location _____ Accessory Structure _____
Other _____ (explain)

Is there a septic tank on the property? Yes No Height of structure: _____

If an addition, please describe project: _____

Please list square footage of project (if sign list copy area sq/ft): _____

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name _____ Phone # _____

Owner's Current Address _____

Property Information

Property Address _____

Watershed: Yes No Flood Plain: Yes No Parcel # _____

Applicant Information

Applicant's Name _____ Applicant's Phone # _____

Applicant's Company _____ Applicant's Email _____

Applicant's Address _____

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE _____