



# Town of Denton, NC Zoning Permit Application

201 W. Salisbury Street  
PO Box 306  
Denton, NC 27239  
336-859-4231  
Fax 336-859-3381

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

ZONING PERMIT APPLICATION NO: \_\_\_\_\_

**APPLICATION FOR:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CONSTRUCTION OF A BUILDING | <input type="checkbox"/> CHANGE OF THE USE         | <input type="checkbox"/> ERECTION OF A SIGN |
| <input type="checkbox"/> ALTERATION OF A BUILDING   | <input type="checkbox"/> RELOCATION OF A BUILDING  | <input type="checkbox"/> HOME OCCUPATION    |
| <input type="checkbox"/> CLASS A MANUFACTURED HOME  | <input type="checkbox"/> CLASS B MANUFACTURED HOME | <input type="checkbox"/> INSTALL FENCE      |
| <input type="checkbox"/> OTHER _____                |  |   |

**APPLICANT:**

NAME: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS OF PROPERTY (if different from above): \_\_\_\_\_

**PROPERTY OWNER (if different from applicant):**

NAME: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**CONTRACTOR:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

STATE LICENSE #: \_\_\_\_\_

**DESCRIPTION OF PROPERTY:**

DAVIDSON COUNTY TAX MAP ID/PIN #: \_\_\_\_\_ PROPERTY IN FLOODPLAIN: \_\_\_\_\_

DISTURBING OVER 1 ACRE: \_\_\_\_\_

**LOT DIMENSIONS:**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Area: \_\_\_\_\_

**STRUCTURE DIMENSIONS:**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Area: \_\_\_\_\_

Frontage at Street Right of Way: \_\_\_\_\_

Principal Structure: \_\_\_\_\_

Corner Lot: \_\_\_\_\_

Accessory Structure: \_\_\_\_\_

- TYPE OF USE:  SINGLE FAMILY RESIDENTIAL       INDUSTRIAL       SIGN  
 MULTI FAMILY RESIDENTIAL       ACCESSORY       COMMERCIAL  
 INSTITUTIONAL       OTHER: \_\_\_\_\_

**EXISTING STRUCTURES ON PROPERTY:**

- VACANT LOT; NO BUILDINGS OR MANUFACTURED HOMES ON PROPERTY
- SITE-BUILT HOME
- MANUFACTURED HOME
- COMMERCIAL OR INDUSTRIAL BUILDING
- ACCESSORY BUILDING (INCLUDING DETACHED CARPORTS, GARAGES & STORAGE BUILDINGS)

**UTILITY SERVICE:**  PUBLIC WATER PROVIDER: \_\_\_\_\_  WELL  
 PUBLIC SEWER PROVIDER: \_\_\_\_\_  SEPTIC TANK

**PROPERTY ZONING REQUIREMENTS:**

EXISTING ZONING DISTRICT: \_\_\_\_\_ ( ) TEMPORARY USE PERMIT  
( ) TOWN LIMITS ( ) EXTRA TERRITORIAL JURISDICTION ( ) CONDITIONAL USE  
( ) OVERLAY DISTRICT ( ) SPECIAL USE PERMIT ( ) VARIANCE

**BUILDING SETBACK & OTHER REQUIREMENTS:**

Front yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side yard / Side street: \_\_\_\_\_  
Building height: \_\_\_\_\_ Maximum lot coverage: \_\_\_\_\_ Minimum lot size: \_\_\_\_\_  
Off street parking: \_\_\_\_\_ Paved street access: \_\_\_\_\_ Nonconforming use/structure: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE PROPOSED WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED ATTACHMENTS:**

- 1. A sketch plan or, as deemed necessary by the Zoning Enforcement Officer, a professionally prepared site plan (especially in the case of determining setback or other requirements or for non-residential uses) must be provided that shows all setbacks from the property line/rights-of-way, utilities, all proposed primary and accessory structures, equipment or buildings and additions, all building/structure dimensions, and any off-street parking or loading areas that are required.
- 2. For all new construction, a copy of the deed and record plat/survey of the property shall be attached to this application. A copy of these documents may be obtained from the Davidson County Register of Deeds office.

**NOTES:**

- 1. An approved Zoning Permit shall expire and be canceled unless the work authorized by it shall have begun within six **(6) months of its issued date**, or if the work authorized by it is suspended or abandoned for a period of one year.
- 2. The Zoning Enforcement Officer must be notified to make onsite inspection once the setback lines have been identified for new construction.
- 3. The Zoning Enforcement Officer will attempt to make zoning determinations within five (5) business days of submission of a fully completed Zoning Permit Application or setback inspection.
- 4. Contract Davidson County Inspection Dept. Central Permitting at telephone 336-242-2230 with approved Zoning Permit to apply for building and other permits and inspections.

**OWNER/APPLICANT STATEMENT:** I certify that I am the property owner, or I am the legally authorized representative of the property owner(s). I certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge. I understand that the Town of Denton is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Denton Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinance will be grounds for revoking this permit and any other permits issued in reliance upon same. Applicant authorizes Town staff and officials to enter the subject property to make evaluations and inspections.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*OFFICIAL USE ONLY\*\*** ( ) APPROVED ( ) DENIED

COMMENTS / CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF ZONING ENFORCEMENT OFFICER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_