

Town of Fairview

7516 Concord Highway Monroe NC 28110

UPFIT

Residential ZONING PERMIT

RA40

Permit Number: _____ Date: _____ **\$100** Fee Paid: _____ Check Number: _____
 Applicant Name: _____ Phone #: _____ Email: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Lot Information

Street: _____ Lot Number: _____
 Tax Parcel Number: _____ Area: _____ Street Frontage: _____
 Subdivision: _____ Phase: _____
 Nature of Work to be Done: _____

Will there be any changes to the building footprint? Yes ___ No ___

Principal Structure Requirements:

Required: <u>40 feet</u> <u>40 feet</u> <u>15 feet</u> <u>15 feet</u> <u>35 feet (Max)</u>	Front Setback: Rear Yard Setback Left Side Yard Right Side Yard Bldg. Height	Proposed _____ _____ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> No changes to building footprint </div>
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ATTACH THE FOLLOWING: Two copies of a scaled dimensional survey or approved drawing drawn by and certified as true and correct by a surveyor or engineer registered with the state of North Carolina which shows the shape, dimensions and location of the lot to be built upon, uses and existing structures on the lot. Upon this survey/drawing shall be sketched the following : (a) the shape, dimensions, and area of proposed location of proposed structure to be placed upon the lot; (b) all setback lines on the lot once the proposed structure is completed, affirmatively showing that the area of the proposed location will meet all setback requirements, and; (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Town of Fairview Land Use Ordinance.

I HEREBY CERTIFY that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all requirements of the Town of Fairview Land Use Ordinance concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Fairview.

APPLICANT SIGNATURE

DATE

THIS PERMIT IS: APPROVED _____

DISAPPROVED _____

LAND USE ADMINISTRATOR

DATE
