

# Town of Fairview

7400 Concord Highway  
Monroe NC 28110

## ZONING COMPLIANCE APPLICATION

_____	_____	<b>\$100</b>	_____
Permit Number:	Date:	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: \_\_\_\_\_ Zoning: \_\_\_\_\_

Gross Floor Area (Total Square Footage) of House: \_\_\_\_\_

### Principal Structure Requirements:

Required:		As Built:
<u>5 feet</u>	Side Yard, Left	_____
<u>5 feet</u>	Side Yard, Right	_____
<u>5 feet</u>	Rear Yard	_____
<u>&lt;12' (35' Max)</u>	Height	_____

### Accessory Building Dimensions \_\_\_\_\_

ATTACH THE FOLLOWING: Two copies of a scaled dimensional survey drawn by and certified as true and correct by a surveyor or engineer registered with the state of North Carolina which affirmatively shows that the building or structure was erected in compliance with the Town of Fairview Land Use Ordinance and the Zoning Permit previously issued.

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

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_