

Town of Fairview

7516 Concord Highway Monroe NC 28110

Zoning Classification*: _____ <i>*If Conditional Use, attach recorded permit</i>
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Commerical Or NON-RESIDENTIAL USE ZONING PERMIT

\$500

Permit Number: _____ Date: _____ Fee Paid: _____ Check Number: _____

Applicant Name: _____ Phone #: _____ Email: _____

Applicant Mailing Address: _____ City _____ State _____ Zip _____

Property Information

Street Address: _____

Tax Parcel Number: _____ Area: _____ Street Frontage: _____

Gross Floor Area: _____ Principal Use: _____

Sign Square Footage _____ Parking Spaces Provided: _____

Principal Structure Requirements:

Required:		Proposed
_____ Feet	Front Setback :	_____
_____ Feet	Rear Yard Setback	_____
_____ Feet	Left Side Yard	_____
_____ Feet	Right Side Yard	_____
_____ Feet (Max)	Bldg. Height	_____
_____ Feet (Max)	Lot Width @ Front Setback	_____

****See Section 184 Building Setback Requirements of the Land Use Ordinance**

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 shows the shape, dimensions and location of the lot to be built upon, uses and existing structures on the lot. Upon this survey 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 are 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: _____

Town of Fairview

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Procedure for Obtaining Zoning Permits for New Construction

Zoning Permit

1. A Zoning Permit is required for institutional and commercial uses.
2. Submit a scaled dimensional Plot Plan drawn by and certified as true and correct by a surveyor or engineer with the State of North Carolina which shows:
 - a) exact shape, dimensions, and location of the lot to be built upon
 - b) exact shape, dimensions, and location of existing structures on the land
 - c) exact shape, dimensions, and location of structures to be developed on the lot
 - d) all set back lines on lot
 - e) proposed parking facilities (if required)
 - f) landscaping and buffering plans (if required)
 - g) any other information that may be needed to insure that the proposed construction is in compliance with all applicable provisions of this Ordinance
3. The fee is **\$500** for each permit.*

***Checks should be made payable to the**

**Town of Fairview
7516 Concord Highway
Monroe NC 28110**