



VANCE COUNTY ZONING AND BUILDING PERMIT APPLICATION



156 Church Street, Suite 3 • Henderson, NC 27536 • Telephone: 252-738-2080 • Fax: 252-738-2089

GENERAL INFORMATION

Applicant/Owner _____ Date _____

Applicant/Owner Address _____

Telephone # _____

Project Address _____ PIN# _____

Subdivision _____ Lot # _____

Septic Permit # _____ Municipal Sewer (From) _____ Project Cost _____

Water Private Well County Water Municipal Water

APPLICATION PURPOSE

Construct a Single Family Dwelling Duplex

Add to Remodel Repair an Existing Dwelling

Set up a Manufactured Home Erect a Residential Accessory Bldg.

Set up a Modular Dwelling Set up a Commercial Modular

Change of Use or new use/business

Construct a Commercial Building

Add to Remodel Repair an Existing Commercial Building

Move a Residential or Commercial Building

Demolish a Residential or Commercial Building

RESIDENTIAL

No. of Stories _____

Heated Area Square Ft. 1st Floor _____ 2nd Floor _____ Basement _____

Unheated Area - _____ Attach Garage/Carport _____ Detach Garage/Carport _____

_____ Porch/Deck _____ Storage/Utility _____

Number of - Bedrooms _____ Bathrooms _____

MANUFACTURED HOME

New Used Single Wide Double Wide Triple Wide

_____ Year _____ Length _____ Width _____

Located in _____ MHP/Subdivision or On Private Lot

Set Up Contractor _____

Address _____

Phone # _____ License # _____

Set Up Contractor Signature _____

MODULAR

Off Frame, On Frame, _____ Heated Sq. Ft., No. of Stories _____

Area of any additions _____ Garage/Carport/Storage, _____ Porch/Deck _____

Set Up By - Modular Bond (Provide Original) OR General Contractor

COMMERCIAL

Detailed Project Description _____

Intended Use/Occupancy _____ Last Use/Occupancy _____

Business Name _____ Total Area (Sq. Ft.) _____

Number of Stories _____ Area Per Story _____

Sprinkler System _____ Yes _____ No Fire Pump _____ Yes _____ No Fire Alarm System _____ Yes _____ No

CONTRACTOR

GENERAL CONTRACTOR

Address _____

Telephone # _____ License # _____

Signature _____

ELECTRICAL CONTRACTOR

Address _____

Telephone # _____ License # _____

Signature _____

PLUMBING CONTRACTOR

Address _____

Telephone # _____ License # _____

Signature _____

MECHANICAL CONTRACTOR

Address _____

Telephone # _____ License # _____

Signature _____

OTHER CONTRACTOR

Address _____

Telephone # _____ License # _____

Signature _____

List any additional contractors and/or any other information you wish to provide on the back of this form.

Power Company Name _____

Premise/Locator Number _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Codes and all other applicable State and local laws, ordinances, and regulations. The Planning and Development Department shall be notified of any changes in the approved plans and specifications for the project permitted herein. NOTICE! Providing false information or using contractors other than those indicated may result in revocation of permits, the issuance of a Stop Work Order, denial of a Certificate of Occupancy or termination of utility services such as electricity, gas or water.

Gen. Cont./Owner/Agent _____ Printed Name _____ Date _____

Approved _____ Code Enforcement Staff _____ Date _____ Zoning Staff _____ Date _____

ZONING INFORMATION (OFFICE USE ONLY)

PIN # _____ Zoning District _____ Township _____

Set Backs Front _____ Rear _____ Side _____ Corner _____ Max. Bldg. Height _____ Census Tract _____

Flood Zone _____ Flood Map _____ Watershed _____

Notes _____