

Note: Application must be complete and Application fee must be paid at time of submittal

TOWN OF GARNER
www.GarnerNC.gov

ZONING COMPLIANCE PERMIT

A completed application must be submitted along with the filing fee.

OFFICE USE ONLY		
Application Number: _____	Date: _____	Receipt: _____
Related Project(s): _____	Expiration Date: _____	(2 years from date of approval)

Every application for a Zoning Compliance Permit for site clearance, excavation, grading, filling, construction, moving alteration, or change in type of use or type of occupancy, shall be accompanied by a written statement and plans or plats, drawn to scale, showing the following in sufficient detail to enable the Planning Department determine whether the proposed work or use is in conformance with the provisions of the Unified Development Ordinance (UDO).

1. The actual shape, location, and dimensions of the lot; if the lot is not a lot of record, sufficient data to locate the lot on the ground;
2. The shape, size and location of all buildings or other structures to be erected, altered or moved and of any other buildings, or other structures already on the lot;
3. The existing and intended use of the lot and of all structures upon it; and
4. Such other information concerning the lot, adjoining lots, or other matters as may be essential for determining whether the provisions of this UDO are being observed including parking, landscaping, screening, buffering, signage, flood hazards and floor areas.

Building Reuse Privilege License Other _____

Property Location: _____
 Zoning: _____ Wake County PIN(s): _____

Proposed Use: (attach additional pages, if necessary)

Applicant: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

Property Owner: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

SIGNATURES (REQUIRED)

_____ Applicant – Printed	_____ Applicant – Signature	_____ Date
_____ Property Owner - Printed (if other than applicant)	_____ Property Owner - Signature	_____ Date

OFFICE USE ONLY

APPROVED BY: _____

Printed _____ Signature _____ Date _____