



**IREDELL COUNTY DEVELOPMENT SERVICES**

**PLANNING DIVISION**

PO BOX 788 / 349 N. Center Street

STATESVILLE NC 28687-0788

(704) 878-3118 / FAX 928-2025

**Non-Residential Zoning Permit Application**

What are you building? (Please check)

New Commercial Building \_\_\_\_\_ Sign \_\_\_\_\_ Home Occupation \_\_\_\_\_ Temporary Event \_\_\_\_\_  
Commercial Addition \_\_\_\_\_ Cell Tower \_\_\_\_\_ Co-Location \_\_\_\_\_ Accessory Structure \_\_\_\_\_  
Other \_\_\_\_\_ (explain)

Is there a septic tank on the property? Yes No Height of structure: \_\_\_\_\_

If an addition, please describe project: \_\_\_\_\_

Please list square footage of project (if sign list copy area sq/ft): \_\_\_\_\_

Does the property have community water? Yes No If yes, please list who provides it: \_\_\_\_\_

Does the property have community sewer? Yes No If yes, please list who provides it: \_\_\_\_\_

**Owner Information**

Property Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Current Address \_\_\_\_\_

**Property Information**

Property Address \_\_\_\_\_

Watershed: Yes No Flood Plain: Yes No Parcel # \_\_\_\_\_

**Applicant Information**

Applicant's Name \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Applicant's Company \_\_\_\_\_ Applicant's Email \_\_\_\_\_

Applicant's Address \_\_\_\_\_

If Company, Representative's Name and Title \_\_\_\_\_

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_