

ZONING PERMIT

PLEASE COMPLETE ALL INFORMATION DOWN TO THE DOTTED LINE:

Date _____ Permit No. _____ Fee _____

Name of Applicant: _____

Having made application for a Zoning Permit for one of the following purposes: change of use, new development, or certificate of occupancy to occupy or construct a building,

Located at (number) _____ street,

to be used as (specify) _____

INFORMATION

Contractor _____ Property Owner _____

Size of Lot _____ Size of Proposed buildings _____

Existing Buildings _____ Estimated Value of Construction \$ _____

Tax Map No. _____ Block _____ Lot _____ Well _____ City Water _____ Septic _____ City Sewer _____

An acceptable Site Plan is required to be attached to this application as cited in Section 903.2 of the Zoning Ordinance.

Erosion Control Plan is required (1/2 acre disturbed or more excluding single-family dwellings)

Lots where well and/or septic tank are to be installed shall be approved by the Vance County Health Department.

Site Plan shall comply with all standards set out in Article 600A and 600B of the Zoning Ordinance.

A certificate of Occupancy must be obtained from Vance County Building Inspector prior to occupancy.

I hereby understand and agree to comply with all provisions of the City of Henderson Zoning Ordinance.

Signature _____

Name of Owner or Agent _____

Address _____

Phone Number _____

Print Name _____

Date _____

ZONING REQUIREMENTS

Use No. _____ Minimum Lot Area _____ Lot Width _____

Minimum Setbacks: Front Yd. _____ Side Yd. _____ Side Yd. _____ Rear Yd. _____

Maximum Height of Structure _____ Zoning District _____ City _____ ETJ _____

Off Street Parking Spaces _____ (Gravel or Paved)

Maximum Percentage of Cover _____ Flood Zone _____

ENGINEERING

Erosion Control Plan Required? (Yes/No) _____

If yes, has it been submitted? (Yes/No) Approved Date: _____ (Initial) _____

Water Tap Availability (Yes/No) Approved Date: _____ (Initial) _____

Sewer Tap Availability (Yes/No) Approved Date: _____ (Initial) _____

Other regulations (Section 304B, 600B)

*Comments:

To be completed by Staff:

Stormwater approval _____

River Basin: Tar-Pam
Roanoke

Stormwater Management Plan
Required? Yes _____ No _____

Zoning Administrator

Date Approved

Failure to comply with the above as approved will void and revoke this permit.