

## **TOWN OF MARSHALL**

180 South Main Street • PO Box 548• Marshall, NC 28753 • Phone (828) 649-3031• Fax (828) 649-3413 **Zoning Permit Application-**Please fill out completely, or application will not be processed. (updated 5-18-11)

Date Received: Received By:		Received By:	Receipt #:		Permit #:				
1.	Application Type  Land Use Single-Family Residential Multi-Family Residential Non-residential Other  Notes:	<b>√</b>	-	Permit Type  New Construction Addition Manufactured Home Upfit (no expansion) Accessory Structure Change of Use Home Occupation Temporary Use Other	✓ Fee  □				
2.	Project Information Property Address Business Name:			Current Use	-				
				Unheated Area (square feet) Height					
	Proposed Regular Parking Spa	_	_						
	-	anufactured Home Setup: Model Year			Size ft x ft (Attach copy of title)  If yes, please consult with Madison County Building Inspections.				
	Is this property in a Floodplain Is this property on public wate		•	ew wells, fill out Water Well					
	Is this property on public sewe				onmental Permit #:				
	Free Free Free Free Free Free Free F								
3.	<b>Contact Information</b>								
	Property Owner		-	Applicant					
	Address		_	Address					
	City, State, Zip		_	City, State, Zip					
	Telephone	Fax	_	Telephone	Fax				
	To the best of my knowledge, the above statements and attached plot plan are in respects true and accurate descriptions of the existing status and plans for the property identified in this application.								
	Applicant Signature Print Na				Date				

Plot Plan (single-family residential and related accessory structures) Sketch or attach the proposed layout for new construction or expansion of building footprint. Include the following on the site plan: Property lines, lot dimensions, tota acreage, distance of proposed buildings from property lines, locations of rights-of-way and easement, location and dimensions of driveway, materials of driveway, location of HVAC and other exterior mechanical equipment, fences or walls, decks or pations Front yard measurements must be made from the right-of-way line.  Site Plan (any non-residential construction) See Section 12.6 of the Zoning Ordinance.										
Staff Use Only:										
Zoning District:			Overlay District(s):							
Jtility Provider: Electricity:			Sewer:							
Setbacks:			Use Permitted?	Yes	No					
Front:	Rear:		Special Requirements?	Yes	No	Section				
Right Side:	Left Side:		Building Height (max):							
Parking Spaces:										
Permit Approved? Yes No Zoning Administrator Signature										
Notes:										