

# Town of Fairview

7516 Concord Highway Monroe NC 28110

## UPFIT

### Residential ZONING PERMIT

# RA40

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_ \$65 Fee Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Lot Information

Street: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
 Tax Parcel Number: \_\_\_\_\_ Area: \_\_\_\_\_ Street Frontage: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_  
 Nature of Work to be Done: \_\_\_\_\_

Will there be any changes to the building footprint? Yes \_\_\_ No \_\_\_

#### Principal Structure Requirements:

Required:		Proposed
<u>40 feet</u>	Front Setback:	_____
<u>40 feet</u>	Rear Yard Setback	_____
<u>15 feet</u>	Left Side Yard	No changes to building footprint
<u>15 feet</u>	Right Side Yard	
<u>35 feet (Max)</u>	Bldg. Height	

ATTACH THE FOLLOWING: Two copies of a scaled dimensional survey or approved drawing drawn by and certified as true and correct by a surveyor or engineer registered with the state of North Carolina which shows the shape, dimensions and location of the lot to be built upon, uses and existing structures on the lot. Upon this survey/drawing shall be sketched the following : (a) the shape, dimensions, and area of proposed location of proposed structure to be placed upon the lot; (b) all setback lines on the lot once the proposed structure is completed, affirmatively showing that the area of the proposed location will meet all setback requirements, and; (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Town of Fairview Land Use Ordinance.

I HEREBY CERTIFY that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all requirements of the Town of Fairview Land Use Ordinance concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Fairview.

**APPLICANT SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

THIS PERMIT IS: APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

**LAND USE ADMINISTRATOR**

**DATE**

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\_\_\_\_\_