



PIN: _____

TOWN OF BURGAW ZONING COMPLIANCE PERMIT APPLICATION

Date: _____

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____

Email Address: _____

PROPERTY ADDRESS

Location: _____

Owner: _____

NEW USE OR CHANGE OF USE

Proposed Use (please list all proposed and potential uses): Home Occupation

NEW ACCESSORY AND PRIMARY STRUCTURES

- | | |
|---|--|
| <input type="checkbox"/> New Construction of Building | <input type="checkbox"/> Storage Shed/Accessory Building |
| <input type="checkbox"/> Addition/Alteration of Existing Building | <input type="checkbox"/> Deck/Porch Additions |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Garage/Carport |
| <input type="checkbox"/> Swimming Pool | |
| <input type="checkbox"/> Other (please explain) _____ | |

For New Accessory and Primary Structures:

Structure Size _____ Height _____
Permanent Foundation Yes No
Closest Distance from Property
Line to Structure (in feet) _____ Front _____ Side _____ Back

With this Zoning Compliance Permit Application, please include a site plan or drawing showing the following information.

- All existing buildings and structures
- Number and location of parking spaces, if applicable
- Driveways
- Location and distance from property lines for proposed structures

Other Information may be required.

I attest that all information above and attached plan(s) are accurate and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY:	
Application received by: _____	Date: _____
Permit issued by: _____	Date: _____
Permit Refused by: _____	Date: _____