

ZONING APPROVAL FORM

Date: _____

Permit # _____

Town of Elm City

Physical Address: _____

Town's Seal

Owner/Contractor: _____

Phone #(s): _____

Business Name (new use or Contractor): _____

Subdivision: _____ Lot #: ____; Tax Parcel # (PIN): _____

Town Zoning District: _____ Historic District? Y__, N__

Set Backs (building, or other: _____): Front: _____ Rear: _____

Side: _____ Corner Side: _____; Maximum building height: _____

Note: a minimum 10 foot separation is required between accessory buildings & all other structures.
(See the Elm City UDO for additional details/requirements.)

Proposed Use of Property: _____

Permit Conditions/Comments: _____

Residential ____ Commercial ____ Industrial ____ Other (explain) _____

Water: Private Well ____ Town Water ____ County Water ____

Sewer: Septic Tank ____ Town Sewer ____

Signature of Owner/Contractor: _____

Authorized Signature of Town: _____; Fee pd _____
(Name/Title) Site plan submitted _____

This Permit requires a three to five day review period by Wilson County.

For Wilson County Office Use Only

Township: _____ Census tract: _____

Watershed: No: _____ Yes: _____

Flood Zone: _____ Flood Map #: _____

This Permit must be brought to the Wilson County Planning and Inspections Department in order for a Building Permit to be issued.

Each Town needs to retain a copy of this permit for their records.