

**CITY OF CHARLOTTE
APPLICATION FOR ZONING USE PERMIT**

LOCATION / OWNER

STREET # (N,S,E,W) _____ STREET NAME _____ (AV,RD,ST, etc) _____
 SUITE/UNIT(S): _____ TAX PARCEL # _____
 PROJECT / SUBDIVISION NAME _____ PHASE _____ SECTION _____
 OWNER _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE # _____

PERMIT #

PROJECT #

PLACARD ISSUED: No Yes LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

APPLICANT'S NAME / CONTRACTOR _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE # _____
 CONTRACTOR ACCOUNT # _____ BONDED WITH BUILDING STANDARDS DEPARTMENT: Yes No
 PREVIOUS USE _____ INTENDED USE _____
 BUSINESS NAME _____

ZONING

ZONING: _____ BUILDING DIMENSIONS: WIDTH _____ x DEPTH _____ HEIGHT _____
 MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ. PARK'G _____
 LOT: CORNER THROUGH SWIM BUFFER: No Yes HOLD REQUIRED: No Yes
 WATERSHED: No Yes SURVEY REQUIRED: No Yes TREE SAVE: No Yes
 REMARKS / CODE SECTION: _____

INTENDED USE

PERMITTED INTENDED USE

<input type="checkbox"/> ABC INSPECTION	<input type="checkbox"/> LAND USE _____
<input type="checkbox"/> ACCESSORY STRUCTURE (12.106) (MUST ADD DIMENSIONS ABOVE) DESCRIPTION _____	<input type="checkbox"/> MOBILE CAR WASH (TEMPORARY - UP TO 90 DAYS)
<input type="checkbox"/> ADULT CARE HOME (12.502)	<input type="checkbox"/> MOBILE FOOD VENDING SERVICE (12.510) (30 DAYS)
<input type="checkbox"/> AMATEUR RADIO FACILITY (12.108(10)) - TOTAL HEIGHT _____	<input type="checkbox"/> OFF-SITE DEMOLITION LANDFILL (12.503)
<input type="checkbox"/> BOARDING HOUSE (12.520)	<input type="checkbox"/> ON-SITE DEMOLITION LANDFILL (12.405)
<input type="checkbox"/> CHANGE OF USE APPROVED USE _____	<input type="checkbox"/> OUTDOOR FRESH PRODUCE STAND (12.539)
<input type="checkbox"/> CHILDCARE CENTER IN RESIDENCE (12.502) (6-12 CHILDREN)	<input type="checkbox"/> OUTDOOR SEASONAL SALES (12.519)
<input type="checkbox"/> COMMISSARY USE FOR MOBILE FOOD UNIT	<input type="checkbox"/> PARKING
<input type="checkbox"/> ELDERLY / DISABLED HOUSING (12.407)	<input type="checkbox"/> PERIODIC RETAIL SALES EVENT- OFF PREMISE (12.534) (14 DAY)
<input type="checkbox"/> FAMILY CHILDCARE HOME (12.502) (1-8 CHILDREN)	<input type="checkbox"/> PERIODIC RETAIL SALES EVENT- ON PREMISE (12.535) (4 DAY)
<input type="checkbox"/> GROUP HOME (12.517)	<input type="checkbox"/> TENT (TEMPORARY - UP TO 90 DAYS) (ENDS _____)
<input type="checkbox"/> GUEST HOUSE / EMPLOYEE QUARTERS (12.412)	<input type="checkbox"/> TEMPORARY CONSTRUCTION TRAILER
	<input type="checkbox"/> OTHER _____

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPROVAL MAY BE REQUIRED FROM OTHER AGENCIES PRIOR TO ISSUING A PERMIT. THIS PERMIT WILL EXPIRE IF WORK HAS NOT STARTED AND INSPECTED WITHIN 6 MONTHS, OR IF WORK HAS BEEN DISCONTINUED FOR A PERIOD OF 12 MONTHS. A SEPARATE PERMIT WILL BE REQUIRED FOR SIGNS ERRECTED, IF APPLICABLE. NO REFUNDS WILL BE PROCESSED AFTER ISSUANCE OF THIS PERMIT.

TOTAL FEE \$

APPLICANT'S SIGNATURE _____ DATE _____ PRINT APPLICANT'S NAME _____

CITY OF CHARLOTTE - NEIGHBORHOOD & BUSINESS SERVICES
 700 N. TRYON ST. - CHARLOTTE, NC 28202 • 704/336-3569

METHOD OF PAYMENT
 CASH/CHECK ACCOUNT

APPROVED BY / DATE

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