

ALL YELLOW AREAS MUST BE COMPLETED CITY OF CHARLOTTE APPLICATION FOR ZONING USE PERMIT

PRESS FIRMLY

LOCATION / OWNER	STREET # (N,S,E,W) STREET NAME (AV,RD,ST, etc)			PERMIT #		
	SUITE/UNIT(S):		TAX PARCEL #		PROJECT #	
	PROPERTY OWNER ADDRESS			ADDRESS		
	CITY STATE ZIP PHONE #		CITY STATE ZIP PHONE #		CITY STATE ZIP PHONE #	
ZONING	PREVIOUS USE			INTENDED USE		
	BUSINESS NAME					
	ZONING: _____ BUILDING DIMENSIONS: WIDTH _____ x DEPTH _____ HEIGHT _____ MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ. PARK'G _____ LAND AREA / ACRAGE (sq. ft.) _____ SWIM BUFFER: <input type="checkbox"/> No <input type="checkbox"/> Yes HOLD REQUIRED: <input type="checkbox"/> No <input type="checkbox"/> Yes WATERSHED: <input type="checkbox"/> No <input type="checkbox"/> Yes SURVEY REQUIRED: <input type="checkbox"/> No <input type="checkbox"/> Yes TREE SAVE: <input type="checkbox"/> No <input type="checkbox"/> Yes REMARKS / CODE SECTION: _____					
	EDEE ONLY: OUTDOOR SEATING / ACTIVITY AREA <input type="checkbox"/> No <input type="checkbox"/> Yes OUTDOOR SEATING / ACTIVITY AREA OPEN 11:00 PM TO 8:00 AM? <input type="checkbox"/> No <input type="checkbox"/> Yes CLASS A BUFFER REQUIRED? <input type="checkbox"/> No <input type="checkbox"/> Yes OUTDOOR SEATING / ACTIVITY AREA MEETS <input type="checkbox"/> 100 FT. <input type="checkbox"/> 250 FT. <input type="checkbox"/> 400 FT. SEPARATION TO SINGLE FAMILY DISTRICT.					
INTENDED USE	PERMITTED INTENDED USE					
	<input type="checkbox"/> ABC INSPECTION - USE _____ <input type="checkbox"/> ABC INSPECTION - FOR EDEE USE (12.546) (COMPLETE ABOVE) <input type="checkbox"/> ACCESSORY STRUCTURE (12.106) (MUST ADD DIMENSIONS ABOVE) DESCRIPTION _____ <input type="checkbox"/> ADULT CARE HOME (12.502) <input type="checkbox"/> AMATEUR RADIO FACILITY (12.108(10)) - TOTAL HEIGHT _____ <input type="checkbox"/> BOARDING HOUSE (12.520) <input type="checkbox"/> CHANGE OF ZONING USE APPROVED USE _____ <input type="checkbox"/> CHILDCARE CENTER IN RESIDENCE (12.502) (6-12 CHILDREN) <input type="checkbox"/> FAMILY CHILDCARE HOME (12.502) (1-8 CHILDREN) <input type="checkbox"/> GROUP HOME (12.517) <input type="checkbox"/> LAND USE _____ <input type="checkbox"/> MOBILE CAR WASH (B-2, I-1 OR I-2) (TEMPORARY - UP TO 90 DAYS)			<input type="checkbox"/> MOBILE FOOD TRUCK 1 (12.510) <input type="checkbox"/> MOBILE FOOD TRUCK 1 - SPECIAL (12.510) <input type="checkbox"/> MOBILE FOOD TRUCK 3 (12.510) <input type="checkbox"/> MOBILE FARMERS MARKET (12.547) <input type="checkbox"/> OFF-SITE DEMOLITION LANDFILL (12.503) <input type="checkbox"/> ON-SITE DEMOLITION LANDFILL (12.405) <input type="checkbox"/> OUTDOOR FRESH PRODUCE STAND (12.539) <input type="checkbox"/> OUTDOOR SEASONAL SALES (12.519) <input type="checkbox"/> PARKING <input type="checkbox"/> PERIODIC RETAIL SALES EVENT- OFF PREMISE (12.534) (14 DAY) <input type="checkbox"/> PERIODIC RETAIL SALES EVENT- ON PREMISE (12.535) (4 DAY) <input type="checkbox"/> TENT (TEMPORARY - UP TO 90 DAYS) (ENDS _____) <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 ERECTED, IF APPLICABLE. NO REFUNDS WILL BE PROCESSED AFTER ISSUANCE OF THIS PERMIT.

APPLICANT'S SIGNATURE	DATE	PRINT APPLICANT'S NAME	
METHOD OF PAYMENT		APPROVED BY / DATE	
<input type="checkbox"/> CASH/CHECK <input type="checkbox"/> ACCOUNT			
Make checks payable to: CITY OF CHARLOTTE C/O NBS-Zoning & Permitting Division 700 North Tryon Street Charlotte, NC 28202		EMERALD RQ # _____	