

ALL YELLOW AREAS MUST BE COMPLETED

CITY OF CHARLOTTE APPLICATION FOR ZONING USE PERMIT

PRESS FIRMLY

LOCATION / OWNER	STREET # (N,S,E,W) <input type="text"/>		STREET NAME <input type="text"/>		(AV,RD,ST, etc) <input type="text"/>		PERMIT #		
	SUITE/UNIT(S): <input type="text"/>		TAX PARCEL #		PROJECT #				
	PROPERTY OWNER <input type="text"/>		ADDRESS <input type="text"/>						
	CITY <input type="text"/>		STATE <input type="text"/>		ZIP <input type="text"/>		PHONE # <input type="text"/>		
ZONING	APPLICANT'S NAME / CONTRACTOR <input type="text"/>		ADDRESS <input type="text"/>						
	CITY <input type="text"/>		STATE <input type="text"/>		ZIP <input type="text"/>		PHONE # <input type="text"/>		
	CONTRACTOR ACCOUNT # <input type="text"/>		PLACARD ISSUED: <input type="checkbox"/> No <input type="checkbox"/> Yes		TOTAL FEE \$				
	PREVIOUS USE <input type="text"/>		INTENDED USE <input type="text"/>						
BUSINESS NAME <input type="text"/>									
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: _____									
INTENDED USE	PERMITTED INTENDED USE								
	<input type="checkbox"/> ABC INSPECTION - USE _____ <input type="checkbox"/> ABC INSPECTION - FOR RESTAURANT USE <input type="checkbox"/> ACCESSORY STRUCTURE (15.6) _____ <div style="text-align: center; font-size: small;">(MUST ADD DIMENSIONS ABOVE)</div> <input type="checkbox"/> ADULT CARE HOME <input type="checkbox"/> ADULT ELECTRONIC GAMING ESTABLISHMENT <input type="checkbox"/> ALTERNATIVE CORRECTIONAL FACILITY <input type="checkbox"/> AUCTION / ARTS & CRAFTS / FAIRS / PLANT SALES/ FLEA MARKETS / RUMMAGE SALES <input type="checkbox"/> BED & BREAKFAST <input type="checkbox"/> CHILD CARE CENTER IN RESIDENCE (6-12 CHILDREN) - (15.6 C) <input type="checkbox"/> FAMILY CHILDCARE HOME (1-8 CHILDREN) - (15.6 B) <input type="checkbox"/> GROUP HOME - (15.4 - UU) <input type="checkbox"/> LANDFILL AND CLEARING & INERT DEBRIS - (15.3 BBB) <input type="checkbox"/> LAND USE				<input type="checkbox"/> MOBILE CAR WASH (TEMPORARY - UP TO 90 DAYS) <input type="checkbox"/> MOBILE FARMER'S MARKET <input type="checkbox"/> MOBILE FOOD VENDOR - (15.5 B) <input type="checkbox"/> MOBILE RETAIL VENDOR - (15.5 C) <input type="checkbox"/> OUTDOOR ENTERTAINMENT (100 FT SEPARATION FROM N1 PLACE TYPE) <input type="checkbox"/> PRIVATE STABLES - (15.5 L) <input type="checkbox"/> ROOMING HOUSE - (15.5 M) <input type="checkbox"/> SALES ASSOCIATED WITH A HOLIDAY <input type="checkbox"/> TEMPORARY CONSTRUCTION TRAILER <input type="checkbox"/> TEMPORARY CONTRACTOR'S OFFICE / CONTRACTOR'S YARD (15.5 E) <input type="checkbox"/> TEMPORARY OUTDOOR ENTERTAINMENT - (15.5 F) <input type="checkbox"/> TEMP. OUTDOOR SALES (14 DAYS CONSIGNMENT) - (15.5 C) <input type="checkbox"/> TEMPORARY OUTDOOR SALES (UP TO 90 DAYS) - (15.5 G) <input type="checkbox"/> TEMPORARY OUTDOOR STORAGE CONTAINER - (15.5 H) <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.

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APPLICANT'S SIGNATURE

DATE

PRINT APPLICANT'S NAME

Make checks payable to:
CITY OF CHARLOTTE
 C/O Planning - Zoning & Permitting Division
 2145 Suttle Avenue
 Charlotte, NC 28208

METHOD OF PAYMENT
 CARD / CHECK ACCOUNT

APPROVED BY / DATE	
EMERALD RQ # _____	

ORIGINAL-White INSPECTOR-Blue CUSTOMER-Yellow



**CITY OF CHARLOTTE
ZONING SUPPLEMENT FOR RESIDENTIAL PERMIT APPLICATION**

(Please Print)

Submittal Number:		Project Number:	
APPLICANT INFORMATION			
Owner's name:		Applicant/ Contractor's Name:	
Applicant/ Contractor's Address:			
Project Street address:		Tax Parcel #:	Zoning:
City:	State:	Zip Code:	Subdivision Name: Applicant Phone #: ()
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Accessory <input type="checkbox"/> Breezeway		Corner/ Thru Lot:	Utility Structures on Property:
Project Description: Proposed Impervious/Built Upon Area:			

OFFICE USE ONLY				
Front Setback Min.:	Property Line <input type="checkbox"/> Back of Curb <input type="checkbox"/>	Left Yard Min.:	Right Yard Min.:	Rear Yard Min.:
Petition Number:	Historic District:	Tree Save:	Watershed/ SWIM: Max BUA:	% of Building Coverage:

**DIMENSIONAL AND DESIGN STANDARDS RESIDENTIAL USES
(Property subject to all applicable footnotes on Tables 4-2 and 4-3)**

Table 4-2: Neighborhood 1 Zoning Districts Building Siting Standards							
		N1-A	N1-B	N1-C	N1-D	N1-E	N1-F
A	Min. Front Setback from Street (Measured from Right-of-Way) (feet) 1, 2, 3, 4, 6	27	27	17	17	10	17
B	Min. Corner Side Setback from Street (Measured from Right-of-Way) (feet) 4, 5, 6	13.5	13.5	10	10	10	10
C	Minimum Side Setback (feet)	5	5	5	5	5	5
D	Minimum Rear Setback (feet)	40	35	30	25	20	20

¹ Front setbacks shown on a plat recorded at the Register of Deeds shall supersede required zoning district front setbacks.

Table 4-3: Neighborhood 1 Zoning Districts Building Height Standards

		N1-A	N1-B	N1-C	N1-D	N1-E	N1-F
A	Maximum Building Height – Residential (feet) ¹	48	48	40	40	40	48

APPLICANT CERTIFICATION

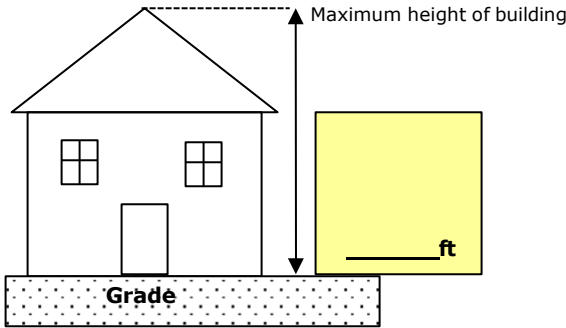
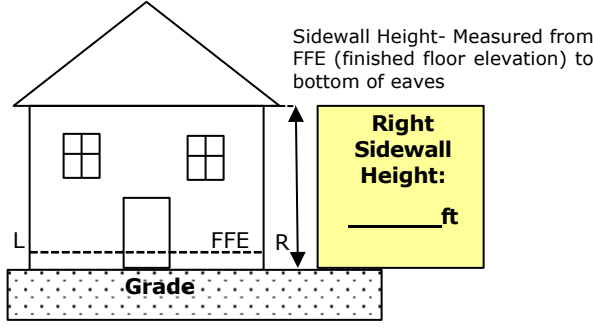
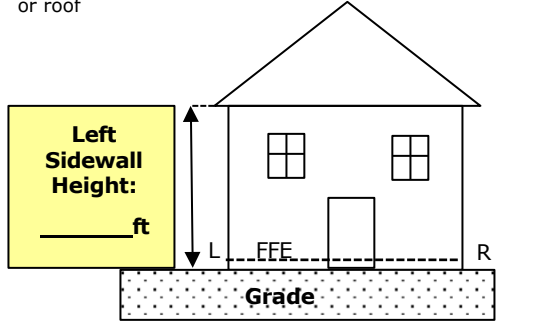
THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO THE CITY OF CHARLOTTE ZONING ORDINANCE,

Name _____ Date _____ Applicant Signature _____

By issuance of this permit, the City of Charlotte has not determined the location or existence of any drainage, water or sanitary sewer facilities or easements that may exist on the property. These determinations remain the sole responsibility of the property owner. Sources for assistance with property information include, but are not limited to, the Mecklenburg County Register of Deeds, Charlotte Explorer (<https://explore.charlottenc.gov>), or a professional land surveyor.

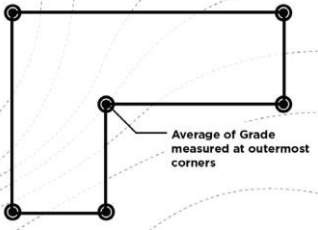
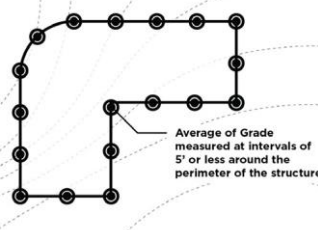
BUILDING ELEVATIONS FROM GRADE

To determine your building heights, submit your measurements in the in the appropriate boxes below. Areas in yellow are required information needed to process your permit application.

<p style="text-align: center;">Single Family And Duplex</p>  <p style="text-align: center;">Maximum height of building</p> <p style="text-align: center;">Grade</p> <p style="text-align: right;">_____ ft</p>	<p style="text-align: center;">Duplex</p>  <p style="text-align: center;">Sidewall Height- Measured from FFE (finished floor elevation) to bottom of eaves</p> <p style="text-align: center;">Right Sidewall Height:</p> <p style="text-align: center;">_____ ft</p> <p style="text-align: center;">Grade</p>	<p style="text-align: center;">Duplex</p> <p style="text-align: center;">Sidewall Height- Measured from FFE to bottom of eaves or roof</p>  <p style="text-align: center;">Left Sidewall Height:</p> <p style="text-align: center;">_____ ft</p> <p style="text-align: center;">Grade</p>
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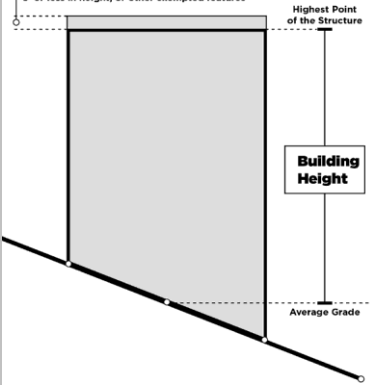
CALCULATING THE AVERAGE GRADE

As an option to the above requirement, average height from grade calculations can be determined by the two following methods. If utilizing this option, indicate your calculations in the spaces provided.

 <p style="text-align: center;">Average of Grade measured at outermost corners</p> <p>Adding the lowest and the highest point and dividing by 2</p>	 <p style="text-align: center;">Average of Grade measured at intervals of 5' or less around the perimeter of the structure</p> <p>Adding all points, at five-foot intervals, starting at the corner along the base of the building and dividing the total by the number of points.</p>
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Building Height. Building height is the vertical distance between the average grade at the base of the structure and the highest point of the structure.

Building height does not include parapet walls 5' or less in height, or other exempted features



Highest Point of the Structure

Average Grade

Building Height

Building height:

Front _____

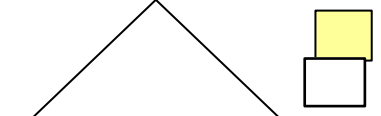
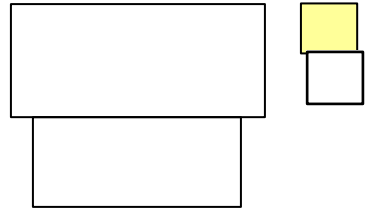
Left _____

Right _____

Rear _____

ROOF TYPE

Check a box to indicate the roof type.

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

Permit #: _____

Street #: _____ (N,S,E,W) Street Name _____ (AV, RD, etc.) Suite #/Units _____

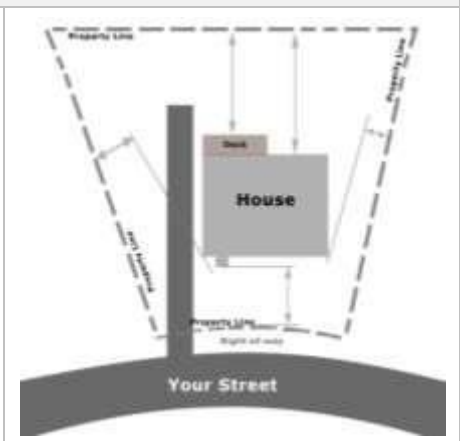
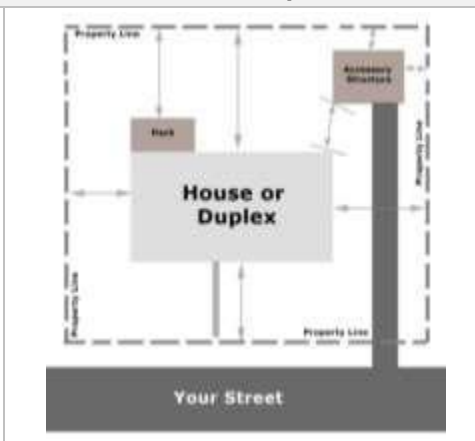
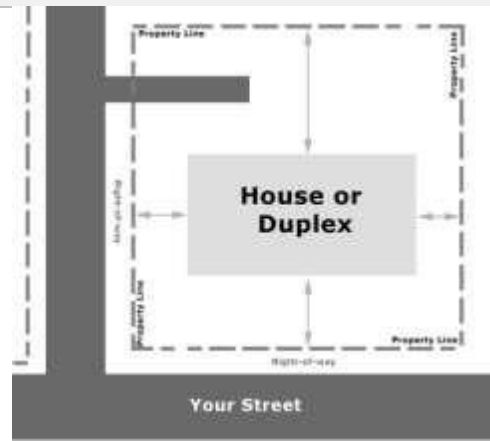
Tax Parcel #: _____ Job #: _____

INSTRUCTIONS:

In the space provided, draw plot plan as neatly and accurately as possible, from survey if available. Separate application and plot plan required for each building.

1. Draw street(s) and right-of-way(s)
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s) or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Show all major utility towers, when applicable.

Plot Plan Examples



ALL EXISTING AND PROPOSED BUILDINGS ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's signature

Date

PRINT APPLICANT'S NAME

Zoning Approved By: _____
Remarks: _____

Date: _____



IvIBC:KLENBURG COUNTY
Land Use and Environmental Service Agency

Date: _____

Phone# (where we can reach you) _____

Name: _____

Address: _____

CARD EXP DATE: _____

Printed Name: _____

Signature:

(Choose one only)

!, _____, give Mecklenburg County
Revenue Collection Department permission to charge\$ _____
To my (Visa/MC/Discover) _____ for payment to the following
Acct#

! , _____, give Mecklenburg County
Revenue Collection Department permission to charge\$, To my
(Visa/MC/Discover) _____ for payment of estimated
upfront fees for Project# _____

**PLEASE DO NOT WRITE CREDIT CARD NUMBER
ON THIS FORM**