

TOWN OF CLARKTON
ZONING PERMIT APPLICATION

Permit # _____

THE ZONING OFFICER MAY REQUIRE UP TO 3 DAYS TO REVIEW THIS APPLICATION
* THIS PERMIT IS VALID FOR 90 DAYS FROM THE DATE OF BEING ISSUED *

APPLICATION AND PLOT PLAN (USE REVERSE SIDE FOR PLOT PLAN) ARE HEREBY SUBMITTED FOR THE PURPOSE
OF: CHECK ONE

NEW CONSTRUCTION _____ LAND USE _____ RELOCATION _____
IMPROVEMENT _____ BUILDING USE _____ DEMOLITION _____
MANUFACTURED HOME* _____ OTHER _____

* All manufactured homes must meet the manufactured home appearance standards*
PROPOSED USE: _____

Applicant Information

Name _____ Street Address _____

Mailing Address _____ Phone _____

Property Information

Tax Map PIN# _____ {12 digits} Zoning Classification _____
Is property located in a flood plain? yes no

Site / Building Specifications

Lot Size _____ sq. ft. Dimensions (road frontage first)
The setbacks listed below are the minimum distances allowed between the structure and the property line. The structure cannot encroach upon the property lines at distances any less than the minimums listed below. Street right-of-ways **CANNOT** be used as required yard area. The applicant is responsible for complying with all setback requirements.

	<u>Minimum</u>	
Front Setback: (distance from front property line to building)	_____	feet
Rear Setback: (distance from rear property line to building)	_____	feet
Left Set Back: (facing the front, distance from property line to building)	_____	feet
Right Set Back: (facing the front, distance from property line to building)	_____	feet
Water Service: Town _____ County _____ Private _____ None _____		
Sewer Service : Town _____ County _____ Private _____ None _____		
Electrical Service: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Provided by: _____		
Off-Street parking spaces provided: _____ Off-Street loading spaces provided: _____		

Additional Conditions

APPLICANT/AGENT CERTIFICATION

I certify that all statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in revocation of this permit. Authorized Town officials are granted right of entry to make evaluations or inspections as to compliance and to release information upon public request. I further understand that additional State and County permits and town inspections may be required prior to issuance of a certificate of occupancy.

Signature of applicant or agent

Date Submitted

This permit is issued pursuant to information contained herein and provided by the applicant and/or their agent. Providing false information or failure to comply with all conditions of this permit, and appropriate Statutes, Codes and Regulations may result in immediate revocation of this permit and denial of a certificate of occupancy.

Town Official

Date of Approval

The Town of Clarkton Building Inspections Department is responsible for issuing any required building permits and for providing building inspections services. The applicant is responsible for obtaining the required permits from Town of Clarkton. Contact them at 647-5961.