

**Town of Rutherfordton
Code Enforcement Department
144 N. Mitchell Street
Rutherfordton, NC 28139
Phone (828) 287-7367, Fax (828) 287-7858**



Zoning Permit Application

Property Information

Date of Application: _____

Name of Project: _____

Location: _____

Property Size (acres): _____

Current Land Use: _____

Proposed Land Use: _____

Parcel Identification

Number(s): _____

Zoning District: _____

Minimum Setbacks: FRONT _____

SIDE _____

REAR _____

Is Property Located in Flood Hazard Zone: Y _____ N _____

1. Contact Information

Property Owner:

Mailing Address, City, State, Zip:

Telephone #: _____

Fax #: _____

Email Address: _____

Applicant:

Contractor (Name and Contact information):

Mailing Address, City, State, Zip:

Telephone #: _____

Fax #: _____

Email Address: _____

New Construction _____ Repair _____ Alter _____

Demolition _____ Sign _____ Other: _____

COMMENTS:

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

Signature

Print Name

Date

ZONING ADMINISTRATOR

DATE