

DEVELOPMENT PERMIT

Village of Cedar Rock

Date Permit Number
(Village Use Only)

Applicant/Business Name Phone:

Address of Property:

Property Owner Name
(if different than applicant)

Mailing Address
(If different from project address)

Parcel Number (PIN)

Permit Type Requested:

New Construction	<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>	Manufactured Home	<input type="checkbox"/>
Expansion/Alteration	<input type="checkbox"/>	Remodeling	<input type="checkbox"/>	Change of Use/Occupancy	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	Evacuation/Filling	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Septic Tank	<input type="checkbox"/>	Home Occupation	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	Grading	<input type="checkbox"/>	Other (Specify Below)	<input type="checkbox"/>

Describe Your Project:

Contractor Name: License No: Phone:

Address: Estimated Project Cost:

Notes/Conditions (Village Use Only):

Please attach a site plan and other documents showing the material below, as relevant to your project

Contact the Planner if you are unsure what you need to include.

- | | |
|---|---|
| <ul style="list-style-type: none"> •Location of New Structure or Structures •Location of Existing Structures •Distance of Structures to Each Other and to Property Lines •New Building Height •New Building Square Footage | <ul style="list-style-type: none"> •Driveway Location •Location/Dimensions of Any Required Buffers •Parking •% Impervious Surface, if in regulated watershed •Facade material, if in OD-M Overlay (commercial) |
|---|---|

Site Information (Fill out as much as you know):

Zoning District

Type of Use:	Single Family Residential <input type="checkbox"/>	Multifamily Residential <input type="checkbox"/>
	Industrial/Manufacturing <input type="checkbox"/>	Commercial <input type="checkbox"/>
	Institutional <input type="checkbox"/>	Accessory <input type="checkbox"/>

Is this property in a regulated watershed? (Check Caldwell GIS or ask if you do not know) No Yes
Please specify

Is this property in a flood zone or floodway? (Check Caldwell GIS or ask if you do not know) No Yes
Please specify

Will the use require a buffer? (This is usually for commercial projects - ask planner/zoning admin) No Yes
Please specify

Required Setbacks: (These are minimums. Attach a site plan with your proposed setbacks.)
 Front Side Rear
 Side Street (for corner lots) Accessory (from principal building)

Total Lot Area: Total Impervious Area:
(buildings, parking, paving, etc)

Date Received:

Utilities and Parking:

Please check all existing or planned utilities on site:

Public Water <input type="checkbox"/>	Public Sewer <input type="checkbox"/>
Septic Tank <input type="checkbox"/>	Gas <input type="checkbox"/>
Well <input type="checkbox"/>	Electricity <input type="checkbox"/>

Required Parking Spaces: Proposed Parking Spaces:

Demolitions:

Where is the dump site?

What roads will be traveled?

What materials will be dumped?

I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all Village Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted.			
Applicant Signature	<input type="text"/>	Date	<input type="text"/>
Zoning Admin Signature	<input type="text"/>	Date	<input type="text"/>
An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued			

date. **Permit Fees:** \$25.00