

ZONING PERMIT APPLICATION



PROJECT INFORMATION

Property Address: _____ Property Owner: _____
 Owner Phone: _____ Owner Email: _____

APPLICANT/CONTRACTOR INFORMATION (IF DIFFERENT THAN OWNER)

Applicant Name: _____ Business Name (if applicable): _____
 Applicant Address: _____
 Applicant Phone: _____ Applicant Email: _____

PROPERTY LOCATION

Address: _____ Plat Book/Page#: _____
 Lot Size: _____ Zoning District: _____ Watershed Class: _____

PROPERTY USAGE

Existing Property Usage: _____
 Proposed Property Usage: _____
 Number of Buildings Proposed: _____ Gross Floor Area of Proposed Buildings: _____
 Area of Land to be Disturbed: _____ (Note: If greater than 0.5 acres, erosion permit required)

PLOT PLAN

- ☐ Attach survey showing dimensions of lot and locate buildings by dimensions from property lines. Indicate dimensions of buildings.

AFFIRMATION OF UNDERSTANDING

I, the undersigned, have read and understand the Town of Beech Mountain Code of Ordinances pertinent to my project. I understand that all penalties occurred for violations and that stop work orders will be issued until violations are remedied.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATIONS TO TOWN HALL IN PERSON OR BY EMAIL TO permits@townofbeechmountain.com

DATE RECEIVED	PERMIT NUMBER	FEE AMOUNT	APPROVAL INITIAL	COMMENTS/CONDITIONS
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