**Commercial Zoning Compliance Permit Application**

\*\*\*\*(Note:  Please read this application thoroughly before completing.  Please print or type all information on this form)\*\*\*\*(All associated fees are due upon submittal of application)
Section A.  USING THE APPLICATION FORM: SEE NOTES BELOW:

θ  Three (3) complete copies must be submitted for review and comment to the Developmental Services Department.

NOTE:  You are encouraged to arrange an informal pre-application conference with the Zoning Administrator prior to the date upon which you intend to submit an application. Staff will generally assist you in preparing an acceptable application.

θ     It is the responsibility of the owner to research and evaluate the site and the proposal to ensure that the development will conform with the interests of the health, safety and welfare of the future residents, whether owners or tenants.

θ        The Commercial Zoning process period begins when your completed application form has been accepted by the Town of Mount Olive Zoning Department. Acceptance means that the application has been stamped received and given a file number from staff.  Further, a complete application includes the appropriate fees and supporting documentation.  All incomplete applications will be returned to the applicant with a letter outlining its deficiencies.

Section B. Getting Started:

Date:        \_\_\_\_/\_\_\_\_/ 20\_\_\_\_                      Parcel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property Owner:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Telephone:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        State: \_\_\_\_\_\_        ZIP: \_\_\_\_\_\_\_

Property Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Zoning District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
             (Street Address)

Proposed Action is:    New \_\_\_\_           Expansion \_\_\_\_     Modification/Alteration\_\_\_\_\_

Flood Hazard Area: 0YES 0NO – NCDOT Driveway Permit Received: 0YES 0NO

Driveway Drainage Pipe to Be Installed 0YES 0NO (If you checked Yes attach a detailed plan showing pipe size and stormwater calculations)

Water Source: 0Well    0Public System        0Other   \_\_\_\_\_\_\_\_\_\_\_\_\_

Sewage Treatment:  0  Septic Tank        0  Sewer System – Public \_\_\_\_\_\_\_Private\_\_\_\_\_\_\_\_\_

Proposed Use of Structure:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Current Buildings on Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height of Structure:  \_\_\_\_\_\_\_\_\_\_\_ feet     Total Acreage of Site:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section C. Site Plan Checklist:

Items listed in this checklist must be included on the site plan provided by the applicant to the Town of Mount Olive.  Site plans should be drawn at a scale no less than one inch equals 100 feet on a sheet no larger than 24”x 36” folded to 8”x 11” size.  Site plans must be prepared by a licensed professional surveyor, engineer, and/or architect/site designer.

The following summary is provided for the applicant’s benefit.  However, fulfilling the requirements of this summary checklist does not relieve the applicant from the responsibility of meeting the regulations in the zoning ordinance, subdivision regulations, and any other development related ordinances of the town.

Basic Information:
   Date, Scale, North Arrow, Vicinity Map.
   Detailed boundary descriptions of proposed site including location of corner or boundary markers as located on ground with lengths and bearings of property lines.
   Project name, owner’s name and address, name of engineer, architect/site designer, and/or surveyor.
    Location and size or width of all public R.O.W and/or easements within, bounding or intersecting the site including floodplain/floodway areas.
    Zoning of subject tract and abutting tracts
    Existing and proposed topographic contours at vertical intervals no greater than (5) five feet. Of
development area
    The location, name, pavement width and right of way width of existing streets
Site Layout Information:
     Acreage of Proposed Site
    The location of all existing and proposed drainage facilities necessary to serve the site (including
easements)
     Location and square footage of existing and proposed structures
    Use of existing and proposed structures
    Front, rear and side yard setbacks of all structures (existing and proposed)
    The location, name, pavement width, curb type, right-of-way width, pavement type, sidewalk location and curb cuts of all proposed street and parking facilities and site improvements (refer to Section 19.92 9)
   The location of any proposed open spaces
    Buffer and screening devices proposed
    Location of outside waste facilities/trash receptacles and screening
   Exterior lighting proposed and existing
Parking Area:
   Total number of parking spaces required and provided (show calculations)
   Marked parking spaces showing width, depth and layout dimensions
   Driveway line markings
   Parking stalls marked and designated for handicapped persons, location of ramps per ADA Code
   Locations and size of loading areas (Cannot use required parking areas)
   Location and width of all curb cuts and driving lanes
   Ingress and egress points
   Fire lanes/emergency vehicle access lanes

CERTIFICATION:

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, and that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections.  I understand that if this application is approved, that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based upon this certificate.  I understand that upon completion of any construction, I am responsible for scheduling a final inspection with the Zoning Administrator.  Failure to do so could result in fines and/or revocation of this zoning
compliance permit should it be approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                 Applicant                                                         Date

After consideration and review of the zoning compliance permit application, I have determined that the applicant is incompliance with all Town ordinances, which relate to structures erected or situated within the Town.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Zoning Official                                                         Date