

TOWN OF FARMVILLE
ZONING COMPLIANCE APPLICATION



Parcel# _____ Zoning District: _____ Date: _____

Property Address: _____ Corner Lot

Name of Subdivision: _____ Section/Phase _____ Lot (s) _____

APPLICANT INFORMATION

Name: _____
Address: _____
City/ST/ZIP: _____
Phone: _____
E-Mail: _____

PROPERTY OWNER INFORMATION (IF APPLICABLE)

Name: _____
Address: _____
City/ST/ZIP: _____
Phone: _____
E-Mail: _____

PURPOSE FOR APPLICATION (Check all that apply)

New Construction

- Single Family Residential
- Multi-Family Residential
_____ # of Units
- Commercial Building
- Enclosed Addition __ x __ ft.
- Manufactured Home: *Model Year:* _____ *Size* ___ x ___ ft. (*Attach title*)
- Other _____

Accessory Structures

- Pool
- Fence _____ ft. height
- Deck _____ x _____ ft.
- Detached Accessory ___ x ___ ft.

Business/Commercial

- Occupy New Building
- Occupy Existing Building

Signs ,

- Free Standing
- Wall/Roof
- Off Site

Use of Structure

- Change
- No Change

PROPOSED NAME OF BUSINESS _____

PROPOSED USE OF BUILDING _____

CONTRACTOR/BUILDER INFORMATION

Name: _____ Phone: _____ License # _____

Address: _____

PLOT PLAN OR SITE PLAN (**Required before approval**)

Attach map or hand drawn sketch of lot and/or sign(s) from survey if possible; showing all dimensions of existing buildings and proposed construction including parking layout. Drawing must include all dimensions between existing & proposed structures and property lines. * Front yard measurements must be made from right of way line.

APPLICANT'S AFFIDAVIT:

To the best of my/our knowledge, the above statements and attached plot plan are in all respects true and accurate descriptions of the existing status and proposed plans for the property identified in this application:

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

FOR OFFICE USE ONLY

UTILITY PROVIDER

Electric _____

Water _____

Sewer _____

Septic _____ Pitt County Environmental Health Permit # _____

SPECIFIC ZONING REQUIREMENTS

Lot Dimensions	Required	Proposed	Parking Spaces	Required	Proposed
Lot Size:	_____	_____	# Spaces	_____	_____
Lot Width:	_____	_____	# Standard	_____	_____
Setbacks			# Handicapped	_____	_____
Front Yard:	_____	_____			
Rear Yard:	_____	_____			
Left Yard:	_____	_____	Sign Area (Sq. Ft.) If Applicable		
Right Yard:	_____	_____	Ground	_____	_____
Building Height (MAX)	_____	_____	Wall/Roof	_____	_____
% of Lot Coverage	_____	_____	Freestanding	_____	_____

Based on the information hereby furnished to me and my knowledge of the Town of Farmville's Zoning Ordinance, I hereby:

_____ this Zoning Compliance Application.
Approve Disapprove

Comments/Conditions:

Signature of Zoning Administrator

Date

Town of Farmville Planning Department
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Farmville, NC 27828

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