

Permit Fee: _____ Permit #: _____

Town of North Wilkesboro Zoning Permit

Planning Department

832 Main Street - PO Box 218 North Wilkesboro, NC 28659

Phone: (336) 667-7129 ext. 3011

Email: planning@northwilkesboronc.gov



Permit Information:		
Property Address:		
Property Owner:		
Mailing Address:		
Intended Use:		
Name of Business:		
Sign Proposed?		
Yes	No	Other:
Applicant Information:		
Name:		Address:
Phone:		Email:
THIS AREA IS FOR OFFICE USE ONLY		
Permit is For:		
Site Plan Required:		Parcel ID:
Zoning Classification:		
Required Setbacks:	Front:	Left:
	Rear:	Right:
Square Footage of Building:		Height of Building:
Is Property in Watershed?		Is Property in Floodplain?
Amount of Lot Coverage Allowed (Sq. Ft.):		Wetland on Property?
<u>OTHER DEPARTMENT / ZONING APPROVALS AND/OR INSPECTIONS REQUIRED:</u> <i><u>(If a departmental box is checked, the applicant must contact that department for separate approval, as well as additional conditions and restrictions that may be required.)</u></i>		
North Wilkesboro Fire Inspections: (336) 838-2552	North Wilkesboro Building Inspections: (336) 667-7129 Ext. 3009	North Wilkesboro Utilities: (336) 667-7129 Ext. 3023
North Wilkesboro Public Works: (336) 667-7129 Ext. 3022	Wilkes County Building Inspections: (336) 651-7303	Wilkes County Environmental Health: (336) 651-7530

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Final Determination

Approved

Approved with Restrictions (Listed Below)

Denied

Conditions, Restrictions, and/or Staff Comments:

TO BE SIGNED BY APPLICANT AFTER THE REMAINDER OF PAGE 1 IS COMPLETED BY STAFF

By signing, the applicant certifies full permission to act on the owner's behalf for the purposes of securing a zoning permit for the development described in this application and that all information presented is correct to the best of their knowledge.

Further, the applicant certifies that they have read and understand the information contained in this application and will adhere to any conditions and/or restrictions specified above.

Signature of Applicant:

Date:

Signature of Review Officer:

Date: