

**TOWN OF AYDEN
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: _____
 email: _____

PROPERTY OWNER INFORMATION (IF APPLICABLE)

Name: _____
 Address: _____
 City/ST/ZIP: _____
 Phone: _____
 email: _____

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
Lot Size:	_____	_____
Lot Width:	_____	_____
Setbacks		
Front Yard:	_____	_____
Rear Yard:	_____	_____
Left Yard:	_____	_____
Right Yard:	_____	_____
Building Height (MAX):	_____	_____
% of Lot Coverage:	_____	_____

Parking Spaces	Required	Proposed
# Spaces	_____	_____
# Standard	_____	_____
# Handicapped	_____	_____

Sign Area (Sq Ft) If Applicable

Ground	_____	_____
Wall/Roof	_____	_____
Freestanding	_____	_____

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

Approve

Disapprove

this Zoning Compliance Application.

Comments/Conditions:

Signature of Zoning Administrator

Date

Town of Ayden Planning Department
4061 East Ave
Ayden, NC 28513

PO Box 219, Ayden, NC 28513
(p) 252-481-5828
(f) 252-558-0747
ssmith@ayden.com