

TOWN OF MAIDEN

NORTH CAROLINA

28650

P.O. BOX 125 • (828) 428-5000

FAX (828) 428-5017 • TDD 800-735-2962



ZONING PERMIT

Census Tract _____ PIN # _____ Date _____

Zoning _____ Tax Map No. _____ Block No. _____ Lot No. _____

Owner _____ Phone No. _____

Address _____

Location of Property _____

Proposed Use _____

To Erect _____ Alter _____ Enlarge _____ Repair _____

Area of Property in Square Feet or Acreage _____

Setback Requirements: Front _____ Side _____ Street Side _____ Rear _____

Accessory Use Setbacks: _____

Flood Plain Zone _____ Number of Units _____

Subdivision Name _____

Sign _____ Size _____

The above described property has been found to be in compliance with the Maiden Zoning Ordinance. _____ is hereby authorized to apply for appropriate building inspections and health department permits for said property.

Signature of Applicant _____

Date _____

Signature of Zoning Enforcement Officer _____

Date _____

Town Water Yes _____ No _____

Town Sewer Yes _____ No _____

ALL PERMITS EXPIRE (6) MONTHS AFTER DATE OF ISSUANCE
