



Permit #: _____
Date of issue: _____
Fee: _____
Receipt # _____

1101 MAIN STREET, ANDREWS NC 28901  
 PHONE 828-321-3113 FAX 828-321-4159

### Zoning Compliance Permit

<b>SITE DATA</b>	Property Identification Number
Physical Address: _____	(PIN) Number: _____
Project/Subdivision Name: _____	Land Area (ac. or sq. ft.): _____

<b>OWNER/APPLICANT INFORMATION</b>			
Name of Property Owner: _____			
Address: _____	City: _____	State: _____	Zip: _____
Name of Permit Applicant: _____			
Address: _____	City: _____	State: _____	Zip: _____
Applicant Phone #: _____			

<b>PROJECT INFORMATION</b>
Type of Permit: _____
Description of Project: _____
Area (Sq. Ft.): Heated: _____ Unheated: _____ Other: _____

<b>ZONING INFORMATION</b> (All applicable provisions of the Andrews Development Ordinance shall apply.)			
Zoning District:		<b>Required Setbacks</b>	<b>Proposed Setbacks</b>
Overlay District:		Front:	Front:
Site Development Plan:		Left Side:	Left Side:
Floodplain:		Right Side:	Right Side:
Base Flood Elevation:		Rear:	Rear:
Other: _____			

Signature of the Applicant: _____	Date: _____, 20__
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<b>SITE PLAN and/or SIGN DRAWING</b>
Provide a site plan showing where on your lot the building or sign will be placed. Provide a detailed drawing of your project, showing dimensions such as width, height, and area in square feet. (Attach additional sheet to this form.)

Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Appealed
Signature of Planning, Zoning & Subdivision Administrator: _____ Date: _____, 20__
<b>Permit Expiration Date: ONE YEAR from date of issue if not commenced.</b>