

**TOWN OF MAXTON  
OFFICE ZONING ADMINISTRATION  
APPLICATION ZONING PERMIT**

Date Applied: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Application and Plot Plan are hereby submitted for a Zoning Permit to:

( ) Construct a building      ( ) Use a building      ( ) Use Land  
( ) Alter a building      ( ) Move a building      ( ) Erect a sign

located at: \_\_\_\_\_

Said (Land), (Building), (Sign) is to be used for: \_\_\_\_\_

**INFORMATION**

Group I

Property Owner: \_\_\_\_\_

Property Occupant: \_\_\_\_\_

Person Making Application: \_\_\_\_\_

Contractor: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Robeson County ( ) Scotland County ( )

Group II

Building Height: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Type Heat: \_\_\_\_\_ Power by: \_\_\_\_\_

Water by: \_\_\_\_\_ Sewer by: \_\_\_\_\_

Group III

Number of off-street parking spaces: \_\_\_\_\_

Amount of off-street loading-unloading spaces: \_\_\_\_\_

Will a sign be erected? \_\_\_\_\_ Sign size   X   Sign Height \_\_\_\_\_

Type of buffer where required: \_\_\_\_\_ Lot in flood area? \_\_\_\_\_

I certify that any construction, alterations, or placement of buildings and/or the use of the land shall be carried out in accordance with this application. **THIS APPLICATION FEE IS NON-REFUNDABLE**

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Note: Attach or sketch on back of this form a drawing showing:

1. The shape and dimensions of the lot
2. The location of all adjacent rights of way
3. The shape, dimensions and locations of all buildings, existing and proposed
4. The nature of the proposed use of the building or lot, including the extent and location of the use
5. The location and dimension of off-street parking, loading space, and means of ingress and egress to such space

**PUBLIC WORKS**

Available Water \_\_\_\_\_ Sewer \_\_\_\_\_

Public Works Director: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

**TO BE COMPLETED BY THE ZONING ENFORCEMENT OFFICER**

Zone: \_\_\_\_\_ Use Permitted: \_\_\_\_\_ Conditional: \_\_\_\_\_

Application Approved      Yes ( )      No ( )

Reason if denied: \_\_\_\_\_

Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Permit Fee: \_\_\_\_\_ Paid: \_\_\_\_\_