Town of
ANDREWS
NORTH CAROLINA

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

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

Zoning Compliance Permit

SITE DATA

Physical Address: _____

Property Identification Number (PIN) Number: _____

Project/Subdivision Name: _____ Land Area (ac. or sq. ft.): _____

OWNER/APPLICANT INFORMATION

Name of Property Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Permit Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone #: _____

PROJECT INFORMATION

Type of Permit: _____

Description of Project: _____

_____

Area (Sq. Ft.): Heated: _____ Unheated: _____ Other: _____

ZONING INFORMATION (All applicable provisions of the Andrews Development Ordinance shall apply.)

		Required Setbacks	Proposed Setbacks
Zoning District:			
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____

SITE PLAN and/or SIGN DRAWING

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: ☐ Approved ☐ Denied ☐ Appealed

Signature of Planning, Zoning & Subdivision Administrator: _____ Date: _____, 20__

Permit Expiration Date: ONE YEAR from date of issue if not commenced.