TOWN OF CRESWELL

PO BOX 68♦104 SOUTH SIXTH STREET♦CRESWELL, NC 27928
PHONE 252-797-4852♦FAX 252-797-7281
E-MAIL: creswellnc@centurylink.net
WEBSITE: www.townofcreswell.com

TOWN OF CRESWELL
ZONING PERMIT
PERMITTED USE/CONDITIONAL USE

PERMIT NO. _____ DATE: _____

Upon application of _____ Permission is hereby granted as follows: _____
building is located at: _____
Lot No. _____ Lot Dimensions _____ Zoning District Town of Creswell ETJ
Minimum Setback from property line is _____ Building Height _____
Existing use of Bldg. And/or Land _____ Proposal Use of Bldg. And/or Land _____
Square Foot of Floor Space _____ No. of Families Bldg. to Accommodate _____
Existing Use of Neighboring Properties _____
Town/County Water _____ Town Sewer _____ Septic Tank Permit No. _____
Additional Information: _____

Board of Adjustment approval required for Conditional Uses. Attach minutes of meeting at which approval given and list any conditions of approval.

This building is to be altered, erected or repaired in accordance with the restriction in force as applied to the zone in Creswell in which the property is located and the GENERAL BUILDING LAWS OF THE STATE and zoning provisions as adopted by the Town of Creswell. This Permit is valid for six (6) months. Compliance with building regulations is the responsibility of the undersigned applicant.

Applicant's Phone No. _____ Signature X_____
Applicant

Any change in construction as specified will be subject to prior notification to the Building Inspector and Zoning Administrator.

_____
Zoning Administrator

_____
Building Inspector

ORIGINAL: TOWN OFFICE
COPIES: WASHINGTON COUNTY BLDG. INSPECTOR
APPLICANT