

Town of McAdenville Zoning Permit Application

Town Hall 163 Main Street
PO Box 9 McAdenville, NC 28101
Phone: 704-824-3190
Web Address: www.townofmcadenville.org

Permit Type

(✓ Only One)

Proposed Land Use

(✓ All That Apply)

New Principal Structure		Residential	Single-family	
Principal Structure Upfit (Addition or Remodel)			Multi-Family	
New Accessory Structure			Other	
Accessory Structure Upfit (Addition or Remodel)		Commercial	Proposed Use:	
Change of Principal Use		Industrial	Proposed Use:	
Other (Submit detailed description)		Other	Proposed Use:	

Applicant Information: Owner ☐ Contractor ☐ Other ☐

Property Owner Name: _____ Phone #: _____

Street Address: _____ City, State, Zip: _____

Applicant Name: _____ Phone #: _____

Applicant Address: _____ City, State, Zip: _____

Email: _____

Lot Information

Property Location: _____ Lot #: _____ Parcel ID Number (6 digits): _____

Subdivision: _____ Phase: _____

Flood Zone: **Yes** **No** City Water: **Yes** **No** City Sewer: **Yes** **No**

Structure Dimensions: _____ Square Footage: _____ Projected Project Cost: \$ _____

Lot Width Front: _____ Width Rear: _____ Length: _____ Corner Lot: **Yes** **No**

Structure Type or Purpose: _____

Zoning Requirements for the ☐ **District. Foundation Survey Required Yes or No**

Required	Dimension	Proposed
	Front Setback	
	Rear Setback	
	Left Side Setback	
	Right Side Setback	
	Building Height	
	Minimum Lot Area	
	Building Line Width	

A SITE PLAN must be attached clearly showing the following:

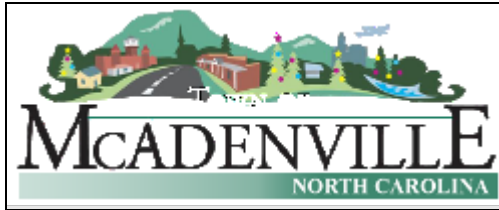
- The location and dimensions of all boundaries of the lot
- The location and exact dimensions of all existing and proposed structures and improvements
- Front, Rear & Side Setbacks measured from the right-of-way
- Any additional information required by Zoning Administrator

I HEREBY CERTIFY that all of the information provided for this application and all attachments are true and correct to the best of my knowledge. I further certify that I am familiar with all requirements of the Unified Development Ordinance (UDO) concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of McAdenville.

APPLICANT SIGNATURE: _____ **DATE:** _____

RECEIVED BY: _____ **DATE:** _____

OFFICIAL USE ONLY FEE: _____ **PAID:** _____



Town of McAdenville Zoning Permit

OFFICIAL USE ONLY

Approved: _____ Denied: _____ *Foundation Survey Required: YES or NO (circle choice)

*If a foundation survey is required, please submit a copy to Town of McAdenville.

Address: _____ Parcel: _____

Permit Type: _____

Details: _____

Applicant: _____

Zoning Administrator: _____

It is hereby certified that the above use as shown on the plats and plans submitted with the application conforms with all the applicable provisions of the Town of McAdenville Unified Development Ordinance (UDO). The issuance of this Permit does not allow the violation of the UDO or other governing regulations. The applicant is responsible for obtaining a Gaston County building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

Zoning Permit: _____

Date Issued: _____

Expiration Date: _____

Reason/Conditions: _____

