CITY OF RAEFORD
ZONING PERMIT APPLICATION

Department of Planning, Zoning and Code Enforcement
701 S. Main St., Raeford, NC 28376
(910) 875-5031 Fax (910) 875-1462
www.raefordnc.org email: flocklear@raefordnc.org

Boxes checked by staff indicate to be completed by applicant. Fill in all blanks. Enter N/A if not applicable.

☑ **GENERAL INFORMATION**

PIN: _____Project Name _____

Zoning District_____

Project Location _____

Property Owner_____

Email:_____

☑ **ZONING PERMIT**

Application for: ☐ New Construction ☐ Change in Use ☐ Accessory Building

☐ Addition ☐ Other_____

Previous Use_____ Proposed Use_____

Existing Building Sq. Footage_____ Proposed Bldg. Sq. Footage_____

Existing Height_____ Proposed Height_____

Description of Improvements_____

_____

Estimated Project Cost $_____ Stream on or near property? ☐ Yes ☐ No

☐ **GRADING COMPLIANCE**

Person responsible for land disturbing activity:_____

Address:_____

Phone #_____ Mobile Phone #_____

Size of disturbed area: _____ Square Feet or _____ Acres

A GRADING PLAN MUST BE ATTACHED

Checklist of Basic Plan Elements:

- Contours (existing and proposed)
- Drainage, structures, culverts, etc.
- Narrative explaining timing, and grading and construction sequence
- Erosion Control Measures

☐ **FLOODPLAIN COMPLIANCE**

Is there a stream on the property?	( ) YES	( ) NO	
Does project include a stream crossing?	( ) YES	( ) NO	Culvert?_____ Bridge?_____ Other?____
Is property in a Special Flood Hazard area?	( ) YES	( ) NO	Zone?_____ Panel?_____
Is property in a Floodway Zone?	( ) YES	( ) NO	
Will project involve a stream channel relocation?	( ) YES	( ) NO	
Are there any Wetlands on project site?	( ) YES	( ) NO	

Agencies Notified: Corps_____ NC DWQ_____

Upon issuance of this permit, I/we agree to conform to all applicable city ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Signature of Applicant_____ **Date**_____

Printed Name of Applicant_____

Mailing Address of Applicant_____

Phone#_____ **Mobile Phone#**_____ **Fax#**_____

STAFF USE ONLY

Zoning Permit: **#**_____ **$** 50.00 **Date**_____ **Receipt #**_____