



TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 * 882 Persimmon Road * Calabash, NC 28467
 Administration: (910) 579-6747 * Building Inspector: (910) 579-0500 * Fax (910) 579-5495
 Web Address: www.townofcalabash.net * Email: towncalabash@atmc.net

A Zoning Application is for all commercial and residential projects-fill in applicable sections.

Date: _____ Zoning District: _____

Applicant Name: _____ Business Name: _____

Property Owner (if different from applicant name): _____

Mailing Address: _____

Street _____ City _____ Zip _____

Contact #'s: _____

Business _____ Cell _____ Fax _____

Property Address: _____

Street _____ City _____ Zip _____

Permit Applied for: New Residential New Commercial Addition Existing tenant space Accessory Structure
 Fence Driveway Parking Development /Lot Clearing Other _____

Describe work to be performed: _____

New commercial and residential complete this section

_____ Bldg Height (SET BACKS) Front yard _____ Side Yard _____ Back Yard _____ Corner Lot: Yes No

Water Source: Well-Permit # (for new construction only) _____
 County Water (for new construction attach copy of paid fees receipt)

Sewer Treatment: Septic Tank-Permit # _____ County Sewer-DWQ # _____

SUBDIVISION NAME: _____

Lot # _____ Block _____ Section _____ Lot Dimensions: _____

Applicant Certification: I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based on this certificate. I also understand that it is my responsibility to call to schedule all inspections. Initial after reading: _____

(Permit shall be void after six months from date of issue unless an inspection of the project has been made by that time.)

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

After consideration and review of the zoning permit application, I have determined that the applicant is in compliance with all related and applicable Town ordinances. Signature _____ Date _____

Parcel # _____ Flood Hazard Area/Zone: _____

Fire Inspector Approval needed: Yes No Attachments Building Permit # _____