

**APPLICATION FOR PERMIT
MISCELLANEOUS**

APPLICATION FOR:

<input type="checkbox"/> Change of Use: <input type="checkbox"/> Zoning <input type="checkbox"/> State Code <input type="checkbox"/> Zoning/State Code Current Use: _____ Proposed Use: _____	<input type="checkbox"/> State License Inspection <input type="checkbox"/> Day Care <input type="checkbox"/> ABC License <input type="checkbox"/> Other: _____
<input type="checkbox"/> Home Occupation: <input type="checkbox"/> Office <input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Care	<input type="checkbox"/> Moving Cost: \$ _____ <input type="checkbox"/> Demolition Cost: \$ _____
<input type="checkbox"/> Group Home-Zoning Location Verification	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Fence <input type="checkbox"/> Manufactured Home Park

Tax Parcel Number: _____ **Subdivision/Development Name:** _____

Project Street Address: _____ **City/State/Zip** _____

Property Owner: _____ **Address:** _____ **Phone #:** _____

Property Owner/Manager Signature if different than the applicant: _____ **Date:** _____

Occupant/Tenant Name: _____ **Phone #:** _____

Occupant/Tenant's Address: _____ **City/State/Zip** _____

Contractor: _____ **Address:** _____ **Phone #:** _____

I certify that the above information is accurate and that I will comply with the conditions and requirements as outlined by North Carolina State Building Code and all local laws, regulations and ordinances.

Applicant Signature: _____ **Printed Name:** _____ **Phone #** _____

METHOD OF PAYMENT: ☐ Cash ☐ Check # _____ **Credit Card:** ☐ Visa ☐ MasterCard **Exp. Date** _____

Account # _____ **V Code** _____ **Billing Address: Street #** _____ **Zip Code** _____
(PURSUANT TO NCGS 25-3-506, A \$25 PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)

FOR OFFICE USE ONLY **ZONED:** _____ **TOTAL FEE: \$** _____

☐ Child Care Home Occupation. Must be operated in accordance with the Cumberland County Zoning Ordinance Section 3:31, Home Occupation. (copy provided). Approved for a maximum of 8 children in any 24 hour period.

☐ Home Occupation. Must be operated in accordance with the Cumberland County Zoning Ordinance Section 3:31, Home Occupation.(provided)

☐ Privacy Fence. See attached plot plan. Maximum height 7 feet. May be located up to, but not on, the property line.

☐ Swimming Pools. See attached plot plan. Must be installed in accordance with the Cumberland County Zoning Ordinance, Section 3:34, Swimming Pools. Water discharge per attached plot plan.

☐ Group Home for not more than 6 handicapped persons (NCGS 168-21). May not include persons who are dangerous to others as defined in NCGS 122C-3(11)b.

☐ Relocation: Must comply with all Federal, State and local laws during move. Building must be sited as shown on plot plan.

☐ Demolition: All materials must be disposed in accordance with Federal, State and local laws.

☐ Mobile Home Park: Must be sited and developed as approved by the _____ **Case #** _____
Dated _____ and must comply with all conditions of approval.

Comments: _____

Zoning Approval: _____ **Date:** _____