

**APPLICATION FOR PERMIT
MISCELLANEOUS**

Parcel # _____	OFFICE USE: Zoned _____
PROJECT ADDRESS _____ City _____ State _____ Zip _____	
Subdivision/Development _____ Lot _____ Bldg _____ Unit _____	
Directions: _____	
PROPERTY OWNER _____ Phone # _____	
Prop. Owner's Address _____ City _____ State _____ Zip _____	
Property Owner/Manager Signature if different than the applicant: _____ Date _____	
OCCUPANT _____ Phone # _____	
Occupant Address _____ City _____ State _____ Zip _____	
CONTRACTOR _____ Phone # _____	
Contractor Address _____ City _____ State _____ Zip _____	
Is this property served by a septic tank? Yes _____ No _____	
APPLICATION FOR: ____ CHNGE OF USE: Zng(\$40) St Code(\$60) Both(\$80) Use _____ Proposed _____ ____ HOME OCCUPATION(\$40): Office____ Child Care____ Other: _____ ____ MOVING ____ DEMOLITION \$ _____ ____ GROUP HOME-Location Verification(\$30) ____ SWIMMG POOL(\$30) ____ FENCE(\$30) _____ ____ STATE LICENSE (\$75): Day Care____ ABC____ Other: _____ ____ MANF. HOME PARK(\$50) _____	
METHOD OF PAYMENT: Cash____ Check____ Visa____ MasterCard____ Billing Address: St.# _____ Zip Code _____ Acct/Ck# _____ (PURSUANT TO NCGS 25-3-506, A \$25 PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)	
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 # _____	
<u>FOR OFFICE USE ONLY</u> Comments: _____ ____ 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. Zoning Approval: _____ Date: _____ TOTAL FEE: \$ _____	

CUMBERLAND COUNTY PLANNING AND INSPECTION DEPARTMENT

THE APPLICANT'S RESPONSIBILITY – IDENTIFYING PROPERTY LINES

I, _____, certify that I am authorized for myself or on behalf of _____, owner, to make this application for a permit. I agree to be responsible for placing stakes to indicate property boundaries and right-of-way boundaries for the project location above. I agree to verify the accuracy of such stakes before requesting any inspection. I acknowledge that I will not receive any inspections if these markers are not in place when an inspector arrives.

I waive any claim against the county and release it completely from liability for any damages resulting from any structures that do not meet the county zoning ordinance criteria because of incorrect marking of property or right-of-way boundaries.

Signature

Date