



TOWN OF WILSON'S MILLS
**ZONING COMPLIANCE PERMIT
APPLICATION**

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 / Fax: (919) 938-1121

FILING INSTRUCTIONS:

- _____ A zoning compliance permit is required for the construction or development of any new use within the planning jurisdiction of the Town of Wilson's Mills.
- _____ Upon the approval of a zoning compliance permit, the applicant shall have one year to obtain the required building permit(s) if any. Failure to obtain requisite building permit(s) within this time shall render the zoning compliance permit void. The Planning, Zoning & Subdivision Administrator may grant a single extension of this time period of up to six (6) months upon submittal by the applicant of sufficient justification for the extension. Upon issuance of a building permit(s), the zoning compliance permit shall remain valid as long as a valid building permit exists for the project. Any unapproved change, as determined by the Planning, Zoning & Subdivision Administrator in the approved plans shall render the zoning compliance permit invalid and in violation of the Wilson's Mills Development Ordinance.
- _____ The applicant/owner must complete this application in full. This application will not be processed unless all information requested is provided.
- _____ Remittance of associated fee(s)* to accompany this application. (*See Town of Wilson's Mills fee schedule)
- _____ A site development plan with the applicable information found in Section 7.7 of the Wilson's Mills Development Ordinance shall be provided. At minimum the plan should show the dimensions of the lot, proposed land use, adherence to setbacks, etc.
- _____ All permits are subject to associated building and trade permits from the Johnston County Inspections Department with required fees for permits, inspection fees, electric etc.

**** PER THE TOWN'S UDO – A ZONING INSPECTION IS REQUIRED BY THE TOWN OF WILSON'S MILLS PRIOR TO THE CERTIFICATE OF OCCUPANCY BEING ISSUED. IT IS THE APPLICANT'S RESPONSIBILITY TO REQUEST A ZONING INSPECTION UPON COMPLETION AT (919) 938-3885 ext 260.**

ZONING PERMIT CATEGORY: *(Check all that apply)*

- | | | | |
|------------------------|---------------------------|--------------------------------------|---------------------------|
| _____ New Construction | _____ Addition/Remodeling | _____ Fence | _____ Accessory Structure |
| _____ Mobile Home | _____ Deck/Porch | _____ Swimming Pool | _____ Temporary Use |
| _____ Change in Use | _____ Home Occupation | _____ Temporary Construction Trailer | |
| _____ Other: | _____ | | |

Provide a detailed project description: _____

GENERAL INFORMATION:

Project Address / Location: _____

Subdivision (phase / lot number): _____ Zoning District: _____

Size of Property (in acres): _____ Johnston Co. Tax ID #: _____

Primary Structure Setbacks: Front _____ Side _____ Rear _____

Accessory Structure Setbacks: Front: N/A Side: _____ Rear: _____ Height: _____

Project Square Footage: _____ Exterior Material: _____

Structure Dimensions: Width: _____ Length: _____ Height: _____

Special Flood Hazard Area: _____ Yes _____ No *(if Yes, a Floodplain Development Permit may be required)*

Watershed Information: _____ Not located in one _____ Critical _____ Protected

Existing Impervious Surface Area (sf): _____ Project Impervious Surface Area (sf): _____

Town Jurisdiction: _____ In-Town Limits _____ ETJ

APPLICANT INFORMATION:

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

OWNER INFORMATION:

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SIGNATURE:

I (we) certify that I am the owner or have the consent of the owner to act on his behalf in applying for this permit. Further, all information presented in this application is accurate to the best of my knowledge and belief. I understand that incomplete, inaccurate, or illegible applications will not be processed. Further, I grant permission for members of the Town Staff to visit the site in question for informational needs and inspections. I agree that if this permit is granted, on the information presented herein, it may be revoked in the event of any breach of representation or any conditions to which may be attached.

Applicant/Authorized Agent Printed Name Applicant Signature Date

Owner Printed Name Owner Signature Date

FOR TOWN USE ONLY

Date Received: _____
Application #: _____
Fee Paid: _____ Date: _____
Approved _____ Denied _____
Reason for Denial: _____

Date Planning Department Signature

**** ZONING INSPECTION IS
REQUIRED BY THE TOWN OF
WILSON'S MILLS PRIOR TO THE
CERTIFICATE OF OCCUPANCY
BEING ISSUED. UPON COMPLETION,
CALL 919-938-3885 ext 250
FOR INSPECTION. ****