



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 250.**

**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. \*\***