

PLANNING & INSPECTIONS DEPARTMENT APPLICATION FOR PERMIT

Project Street Addr	ess:						
Mailing Address:							
	ty, State, Zip:Phone:Phone:						
State Contractor's I	Lic. #:						
	PERMIT TYPE:	COMMERCIAL	RESIDENTIA				
		Please check on	y one:				
Building	Plumbing		-	Mechanical			
<u> </u>		e Compliance	-				
Ma	nufactured Home) New () Used			
			()				
Building Proposed	Use:						
(For Building, Zonir	ng & Code Compliance F	Permits)					
<u>Building Only</u> Est	imated Cost of Renova	tion					
Description of Prop (For all Permits)	osed Work:						
	er of Fixtures:_ chanical & Plumbing Peri						
	(For Build	ding, Zoning & Code (Compliance Permits)				
	New	Remodel	Demolish				
Building Height:		Total Squ	are Footage of Propos	ed Building and/or Addition:			
NOTE: For Building/Z	oning permit please complet	e plot plan on back of appli	cation or submit developm	ent plan.			
that all work shall compl	ly with all codes, ordinances ar	nd laws of the City of Eden a	nd the State of North Carolina	ns as submitted is true and accurate and a regulating this project , building, and/or I specifications for the project permitted			
Ow	ner/Agent			Date			

P. O. Box 70 Phone: 336-623-2110 Eden, NC 27289-0070 Fax: 336-623-4057

Permit	#	
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Zoning Ordinance Plot Plan (Applicant to Complete)

Please show:	(1) (2)	Lot dimensions and size. Existing and proposed structures.
	(3)	Building setbacks from lot lines and street right-of-way lines.
		rear lot line
		front lot line
		right-of-way line
		name of street
		right-of-way line
PLEASE COMPLETE TH	E FOLLO	WING:
Total square footage porches, attached g	e in hous garages	re, including basement, covered and/or carports
Total number of exist	ing acc	essory structures
Total square footage	e in existi	ing structures