

## PLANNING & INSPECTIONS DEPARTMENT APPLICATION FOR PERMIT

Project Street Addre	SS:		
Owner's Name: Phone:			
Mailing Address:			
Contractor/Agent:			Phone:
State Contractor's L	ic. #:		
Mailing Address:			
Engineer:		Designer:	
	PERMIT TYPE:		RESIDENTIAL
		Please check only	<u>y one:</u>
Building	Plumbing	_ Fire Electri	cal SignMechanical
	Code	e Compliance	Zoning
Man	ufactured Home	_() New Placement	()Replacement()New()Used
Building Proposed L	lse:		
(For Building, Zoning	g & Code Compliance F	Permits)	
Building Only Estir	mated Cost of Renova	tion	
Description of Propo (For all Permits)	osed Work:		
	of Fixtures: nanical & Plumbing Perr	nits)	
	(For Build	ding, Zoning & Code C	compliance Permits)
	New	Remodel	Demolish
Building Height:	ding Height: Total Square Footage of Prop		are Footage of Proposed Building and/or Addition:
I hereby certify that, to th	e best of my knowledge, the	information contained on this	cation or submit development plan. application and on such plans as submitted is true and accurate ar

that all work shall comply with all codes, ordinances and laws of the City of Eden and the State of North Carolina regulating this project, building, and/or land. I agree to notify the Planning and Inspections Department of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent

Date

## Zoning Ordinance Plot Plan (Applicant to Complete)

rear lot line

Please show: (1) Lot dimensions and size.

- (2) Existing and proposed structures.
- (3) Building setbacks from lot lines and street right-of-way lines.

front lot line

right-of-way line

\_\_\_\_\_

name of street

right-of-way line

## PLEASE COMPLETE THE FOLLOWING:

\_\_\_\_

 Total square footage in house, including basement, covered porches, attached garages and/or carports \_\_\_\_\_\_

 Total number of existing accessory structures \_\_\_\_\_\_

Total square footage in existing structures \_\_\_\_\_