

TOWN OF BISCOE, NC

P.O. Box 1228, Biscoe NC 27209-1228
PHONE (910) 428-4112

Zoning Compliance Permit

Permit #: _____

Date of issue: _____

Fee: _____

Receipt # _____

SITE DATA

Physical Address: _____

Project/Subdivision Name: _____

Property Identification Number
(PIN) Number: _____

Land Area (ac. or sq. ft.): _____

OWNER/APPLICANT INFORMATION

Name of Property Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Permit Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone #: _____

PROJECT INFORMATION

Type of Permit: _____

Description of Project: _____

Area (Sq. Ft.): Heated: _____ Unheated: _____ Other: _____

ZONING INFORMATION (All applicable provisions of the Biscoe Development Ordinance shall apply.)

Zoning District:	References:	Required Setbacks	Proposed Setbacks
Overlay District:		Front:	Front:
Site Development Plan:		Left Side:	Left Side:
Floodplain:		Right Side:	Right Side:
Base Flood Elevation:		Rear:	Rear:

Other: _____

Signature of the Applicant: _____ Date: _____, 20__

SITE PLAN and/or SIGN DRAWING

Provide a site plan showing where on your lot the building or sign will be placed. Provide a detailed drawing of your project, showing dimensions such as width, height, and area in square feet. (*Attach additional sheet to this form.*)

Permit: Approved Denied Appealed

Signature of Planning, Zoning & Subdivision Administrator: _____ Date: _____, 20__

Permit Expiration Date: ONE YEAR from date of issue if not commenced, unless otherwise stated on approval.