



Town of Rocky Mount ZONING APPLICATION

PERMIT NO. _____

ZONING PERMIT
NEW BUILDINGS OR ADDITIONS

ZONING COMPLIANCE PERMIT
UPGRADES, REMODELS, AND BUSINESS LICENSE

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NATURE OF PROJECT (PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PROJECT):

EXPECTED PROJECT COMPLETION DATE: _____ ESTIMATED COST OF THE PROJECT: _____

PROPERTY OWNERS NAME & ADDRESS:
(IF DIFFERENT FROM APPLICANT) _____

TAX MAP & PARCEL NUMBER: _____

CURRENT ZONING: R-1 R-2 R-3 RA RB RPUD POS C-1 C-2 M-1 M-2
 CBD CBD-ARTS & CULTURE GB

ZONING PERMIT ONLY - NEW BUILDINGS OR ADDITIONS

NEW BUILDING ADDITION ALTERATION PARKING LOT NEW OCCUPANT OTHER _____

1. CURRENT LAND USE: VACANT AGRICULTURAL RESIDENTIAL COMMERCIAL INDUSTRIAL

2. LOT DIMENSIONS (FT.) _____ LOT AREA (SQ. FT.) _____

3. PROPOSED USE OF THE BUILDING? _____

BUILDING DIMENSIONS: _____ FT. X _____ FT. = TOTAL (SQ.FT.) _____

NUMBER OF STORIES: _____ BUILDING HEIGHT (FT.): _____

4. SETBACK INFORMATION

FRONT, FROM THE STREET RIGHT-OF-WAY? _____ FROM THE RIGHT/LEFT PROPERTY LINE R: _____ L: _____

FRONT, FROM THE FRONT PROPERTY LINE? _____

IS THE PROPERTY ON A CORNER LOT? YES NO IF YES, WHICH SIDE? _____

5. PARKING: NUMBER OF PARKING SPACES: _____ (ENCLOSED) _____ (OUTDOORS)

CURB CUT REQUIRED FOR DRIVEWAY OR PARKING AREA? YES NO

TYPE OF PARKING AREA PAVEMENT: ASPHALT CONCRETE PLANT MIX GRAVEL BRICK OTHER _____

6. GRADING REQUIRED? YES NO IF YES, AMOUNT OF LAND DISTURBED (SQ. FT.)? _____

7. PUBLIC STREET ROAD FRONTAGE (FT.)? _____

8. Is ANY PORTION OF LOT IN FLOOD PLAIN OR FLOODWAY? YES NO

CONTRACTOR INFORMATION

STATE LICENSE No.: _____

NAME/COMPANY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE NOTE: OUT OF TOWN CONTRACTORS WHO EXCEED THE SUM OF \$25,000 IN ANY GIVEN YEAR MUST OBTAIN A BUSINESS LICENSE FROM THE TOWN FINANCE OFFICE PRIOR TO THE START OF THE PROJECT.

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

OWNER/APPLICANT SIGNATURE_____
DATE**FOR COMMUNITY DEVELOPMENT OFFICE USE ONLY**TOWN OCCUPANCY PERMIT OR SITE INSPECTION PERMIT REQUIRED FOR THIS PROJECT? YES* NO

*BUILDING PERMIT REQUIRED: FRANKLIN COUNTY DEVELOPMENT SERVICES 1255 FRANKLIN STREET, SUITE 103 PHONE: 540-483-3047

SITE PLAN REQUIRED? YES NOE & S PERMIT REQUIRED? YES NOTOWN OF ROCKY MOUNT BUSINESS LICENSE REQUIRED? YES NO BUSINESS LICENSE No.: _____

FEE AMOUNT: _____

 WAIVED - ARTS & CULTURE DISTRICTAPPLICATION: APPROVED DENIED_____
ZONING ADMINISTRATOR SIGNATURE_____
DATE

Proposed project diagram or Site Plan must accompany this application.

