

APPLICATION FOR
ZONING COMPLIANCE
County of Edgecombe



Applicant: _____

Mailing Address: _____

Phone No. _____ Email: _____

Project address: _____

Project type: Commercial Residential

If commercial, will sign be placed at the business? Yes No

Square footage of proposed building _____

Total Square footage of current dwelling(s) on lot: _____

Total Square footage of all other accessory buildings on lot _____

Description of Use: _____

Signature: _____ **Date:** _____

**Plot plan that shows the dimensions of the structure and the distance from the property lines must be submitted along with application.

OFFICE USE ONLY

PIN#: _____ Zoning District: _____

Watershed Supply: Yes No

Setbacks: Front: _____ Side: _____ Rear: _____ Corner: _____

Bldg Type: New Construction SWMH DWMH Addition Accessory Modular

Plot plan received: Yes No

Flood Zone: _____

Elevation Certificate received IF required: Yes No

Address needed: Yes No

New Address: _____