

Property ID # and information:
 Map #: _____
 Parcel #: _____ Lot #: _____
 Zoning District: _____



Permit #: _____
 Date of issue: _____
 Permit Type: _____
 Fee: \$ _____

312 South Main Street, Post Office Box 8165 Landis, North Carolina 28088
 (704)857-2411 Office (704)855-3350 Fax

Zoning Compliance Permit

Water / Sewer Service: _____ Utility Location #: _____
 [] Existing [] to be installed [] N/A Town Staff to Complete Location # If Required

Site Address: _____ Land Area (ac. or sq. ft.): _____ Sub-division Name: _____

Property Owner: _____ Address: _____

Permit Applicant Name: _____ Telephone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

Property located in a flood plan: Yes [] or No [] FIRM Panel – _____
 Applicant must contact Town of Landis Planning Department for review of Flood Plan regardless of property location.

Storm Water review or permit required: Yes [] or No [] 20,000 sq. ft. impervious area - if yes, refer to Storm Water Administrator: State of North Carolina

Watershed: Yes [] or No [] Classification: _____ AREA: _____

PROJECT INFORMATION

Type of Permit: _____

Description of Project: _____

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

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

Zoning District:	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: _____

SPECIAL NOTES OR CONDITONS: All land disturbing activity must be accompanied by the necessary means and measures to control sediment, prevent off-site impacts and stabilize the site upon completion.

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, all lot dimensions, front yard, side yard(s), rear yard, etc. (Attach additional sheet(s) to this form.)

Permit: Approved Denied Appealed
 Signature of Planning, Zoning & Subdivision Administrator: _____ Date: _____, 20__
 Permit Expiration Date: _____, 20__ unless work is commenced in accordance with LDO.