**Jackson County Planning Department**

**401 Grindstaff Cove Road, Suite A-258**

**Sylva, North Carolina 28779**

**Phone (828) 631-2282   Fax (828) 631-2262**

| Zoning Permit Number: |
|---|
| Date Received: |
| Date Approved: |

# Zoning Permit Application

<div style="writing-mode: vertical-rl">TO BE COMPLETED BY APPLICANT</div>

## OWNER AND PROPERTY INFORMATION

| Property Owner: | Property PIN: |
|---|---|
| Address: | Property Address: |
| City:          State:          Zip: | City:          State:          Zip: |
| Phone: | Email: |

## BUSINESS INFORMATION (If Applicable)

| Business Name: | |
|---|---|
| Business Address: | Business Contact Person: |
| City:          State:          Zip: | Contact Phone: |
| Business Phone: | Contact Email: |

| Business Use (Retail, Restaurant, Hotel, Office, Etc.): | Sign Permit Required:<br>☐ Yes    ☐ No |
|---|---|

<div style="writing-mode: vertical-rl">TO BE COMPLETED BY APPLICANT</div>

## FOR OFFICE USE

### Ordinance Jurisdiction:

☐ **441 Corridor**   ☐ **Cashiers**  ☐ **Dillsboro** ☐ **Forest Hills**   ☐ **Jackson County**   ☐ **Sylva** ☐ **Webster**

| Zoning District: | Parcel Lot Size: | Building Sq. Ft.: |
|---|---|---|
| Parking Spaces / Handicap: | Building Floors: | Floor Business Located on: |
| Front Bldg. Setback (ft.): | Rear Bldg. Setback (ft.): | Side Bldg. Setback (ft.): |
| Front Landscape Buffer (ft.): | Rear Landscape Buffer (ft.): | Side Landscape Buffer (ft.): |

| Road Right-of-Way: | Building Frontage (ft.): |
|---|---|
| Building Type:<br>☐ Stand-alone Building        ☐ Shopping Center | Building Improvments:<br>☐ New Construction ☐ Existing _____ |
| | Total Zoning Permit Fee: |

I affirm and certify that I understand and will comply with the provisions and regulations of any applicable Jackson County or District Ordinances.  I further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief.  Further, I understand that the application, attachments and fees become part of the Official Records of the Planning Department and are not returnable. I also recognize that if one or more deficiencies exist in the application, I will be notified of the deficient items, and the department shall take no further action on the application until the required information is submitted.  I understand that misrepresentation of information contained within this application may be cause to void any development approvals associated with this application.

| Applicant's Signature: | Date: |
|---|---|
| Planning Department Approval Signature: | Date: |

*Following the Approval Signature of the Planning Department, a Zoning Certificate of Compliance shall be issued.*