

TOWN OF FOREST CITY

Building and Zoning Department

P.O. Box 728, 128 North Powell Street
 Forest City, North Carolina 28043
 Phone (828) 248-5239 Fax (828) 245-6143

BUSINESS/COMMERCIAL ZONING PERMIT APPLICATION

Permit # _____ Application Date: _____ Issuance Date: _____ Zoning: _____

THIS SECTION MUST BE FILLED OUT COMPLETELY BY APPLICANT (Please Print)

Business Name: _____ Type Business: _____

Physical Address: _____ Description of Business _____

Applicant: _____ Contact Person: _____

Applicant Address: _____

Phone # (____) _____ Mobile # (____) _____

Building Owner Name: _____ Contact Person: _____

Address: _____

Phone # (____) _____ Mobile# (____) _____

Change of Occupancy _____ Yes _____ No _____	Will this be a residence: _____ Yes _____ No _____
Single Family Residential _____	Multi Family Residential _____
Non-Residential _____	Other _____
Dimensions of Building: Width _____ Length _____ Height _____ Building Area _____	
Days of Operations: S__M__T__W__T__F__S__ Opening Date: _____	

ABC Permit: Yes _____ No _____ On or Off Premise Sales: Yes _____ No _____

****(If yes, you will need to apply for an ABC license with the Police Department before a permit can be issued)****

The cost of a sidewalk dining permit is an annual fee of \$50.00.

Hours of Operation: _____ Sidewalk Dining: _____ Yes _____ No _____

Number of Parking spaces: _____ Number of Handicap Parking Spaces: _____

Seating Capacity: _____ (If Fixed Seating Provided)

PERMISSION TO ENTER LAND

I furthermore certify that all information provided is correct and that I am authorized to grant and do in fact, grant permission to the local zoning officer and local building/fire inspector and his agents, to enter on the property noted on the Forest City permit(s) for the purpose of these inspection(s).

This is the _____ day of _____, 20_____.

Signature of landowner or person authorized to act as his/her agent.

Staff Use Only:

Zoning District _____ Overlay District(s) _____

Setbacks: _____ Use Permitted? Yes _____ No _____

Front _____ Rear: _____ Special Requirements? Yes _____ No _____ Section _____

Right Side: _____ Left Side: _____

Permit Approved? Yes _____ No _____ Zoning Official _____ Date: _____

Notes: _____

*****MUST BE APPROVED BY ZONING OFFICIAL BEFORE UTILITY APPLICATION CAN BE ACCEPTED*****

SITE PLAN

The Town of Forest City Zoning Ordinance requires that a scale drawing be submitted with each zoning permit application. Please use the space below to provide the following information:

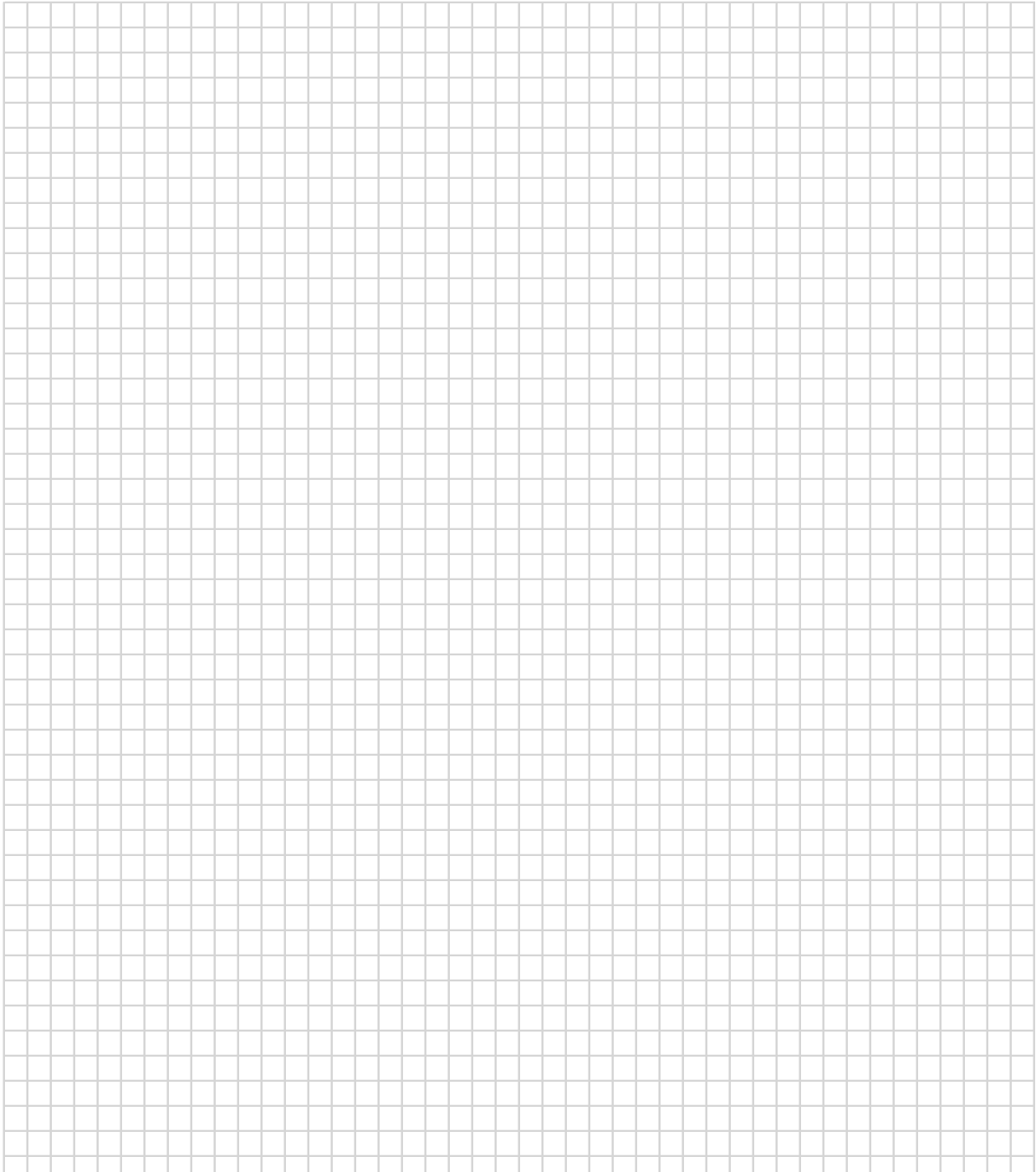
-Draw the lot and the road that leads to it.

-Draw to scale the interior layout of the structure to include seating

-Draw to scale the exterior of the building that includes parking and handicap spaces

Setback Requirements from Street Right-of-Ways

Front: _____ Sides: _____ Rear: _____



The applicant's signature below guarantees the following information to be true and correct and that all minimum setback regulations by law will be met under penalty of legal action.

Signature _____ Date: _____