

**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 \_\_\_\_

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) \*\***

Dimensions of Building: Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ Building Area \_\_\_\_\_

Days of Operations: S \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ T \_\_\_\_ F \_\_\_\_ S \_\_\_\_ Opening Date: \_\_\_\_\_

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:

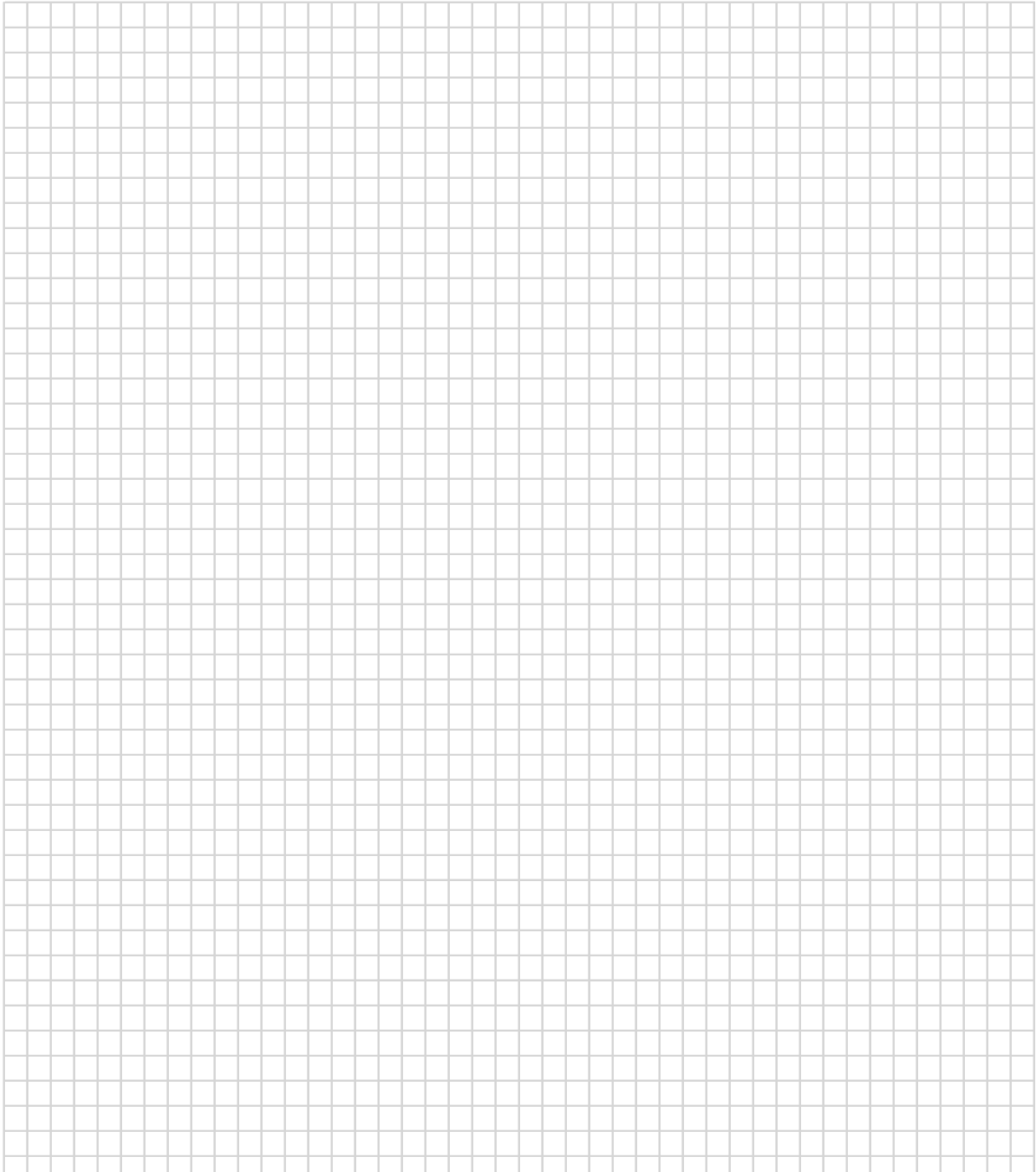
**-Draw the lot and the road that leads to it.**

**-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: \_\_\_\_\_