

## PLANNING & INSPECTIONS DEPARTMENT APPLICATION FOR PERMIT

Project Street Addres	s:							
Owner's Name:	wner's Name:Phone:							
Mailing Address:								
	ity, State, Zip:Phone:Phone:							
State Contractor's Lic	. #:							
Mailing Address:								
	PERMIT TYPE:	COMMERCIA	L	RESIDENTIA	<u>-</u>			
		Please check	only one:					
Building	Plumbing	•		Sign	Mechanical			
<u> </u>		e Compliance						
Manu	factured Home	•			) New ( ) Used			
		( ,	,		, , , ,			
Building Proposed Us	e:							
(For Building, Zoning	& Code Compliance I	Permits)						
<b>Building Only Estim</b>	ated Cost of Renova	ntion						
					<u> </u>			
Description of Propos (For all Permits)	ed Work:							
	of Fixtures: Anical & Plumbing Per							
	(For Buil	lding, Zoning & Co	de Complia	nce Permits)				
	New	Remodel	Demo	olish				
Building Height:		Total	Square Foot	age of Propose	ed Building and/or Addition:			
NOTE: For Building/Zon	ng permit please comple	te plot plan on back of	application or	submit developm	ent plan.			
that all work shall comply v	vith all codes, ordinances a	and laws of the City of Ed	den and the Stat	e of North Carolin	ns as submitted is true and accurate and a regulating this project , building, and/or I specifications for the project permitted			
Owner	/Agent				Date			

P. O. Box 70 Eden, NC 27289-0070 Phone: 336-623-2110 Fax: 336-623-4057 Email: bvincent@edennc.us

Permit	#	
--------	---	--

## Zoning Ordinance Plot Plan (Applicant to Complete)

Please show:	(1) (2)	Lot dimensions and size. Existing and proposed structures.
	(3)	Building setbacks from lot lines and street right-of-way lines.
		rear lot line
		front lot line
		right-of-way line
		name of street
		right-of-way line
PLEASE COMPLETE TH	E FOLLO	WING:
Total square footage porches, attached g	e in hous garages	re, including basement, covered and/or carports
Total number of exist	ing acc	essory structures
Total square footage	e in existi	ing structures