

ZONING OR BUILDING PERMIT APPLICATION

CITY OF SHELBY

JOB ADDRESS						OWNER	JOB ADDRESS						
1	LEGAL DESCR.	LOT NO.	BLOCK	MAP	<input type="checkbox"/> CORNER LOT			<input type="checkbox"/> SEE ATTACHED PLOT PLAN					
2	OWNER		MAIL ADDRESS		ZIP			PHONE					
3	CONTRACTOR		MAIL ADDRESS		ZIP			NC LICENSE NO.					
4	ARCH-ENG-DESIGNER		MAIL ADDRESS		ZIP			NC LICENSE NO.					
5	USE OF BUILDING												
6	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALT <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE												
7	DESCRIBE WORK:												
8 VALUATION OF WORK: \$				<input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> ZONING PERMIT <input type="checkbox"/> SIGN PERMIT									
				TO BE INSTALLED BUT NO \$				<input type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> IN ONE-MILE PERIMETER					
INCLUDED IN ABOVE COST \$				USE ZONE		OCCUPANCY		TYPE CONST.					
ELECTRICAL \$				SET BACKS: F S R		FIRE ZONE		PLANS					
PLUMBING \$													
MECHANICAL \$													
INSULATION \$				LAND AREA		NO. D.U.		NO. STORIES					
SPRINKLERS \$				BASEMENT		NO. BATH RMS		SEPTIC TANK					
LANDSCAPING \$				FLOOR AREA		CITY WATER		CITY SEWER					
9 TOTAL VALUATION \$				OFF-STREET PARKING SPACES									
SPECIAL CONDITIONS:				NO. REQ'D		NO. PROPOSED							
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, SPRINKLERS, VENTILATING OR AIR CONDITIONING THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION</p>				SPECIAL APPROVALS		REQUIRED		RECEIVED		NOT REQ'D			
				ZONING									
				POLICE DEPT.									
				FIRE DEPT.									
				TRAFFIC END.									
				INS. DEPT.									
				HEALTH DEPT.									
				W. COMP.									
				LICENSE									
				SOIL REPORT									
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)				APPLICATION ACCEPTED BY:		APPROVED FOR ISSUANCE BY:							
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)				PERMIT FEE		\$							

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT VALIDATION CASH CK. () DRAFT NAME BANK ACCT

by: _____