SIMS, NORTH CAROLINA

6501 US Hwy 264-Alt, P.O. Box 161, 27880

ZONING PERMIT APPLICATION

Application Date: _____

ADDRESS of SITE: _____ PARCEL ID or PIN# _____

APPLICANT NAME:_____

ADDRESS:_____

TELEPHONE #:_____ EMAIL ADDRESS: _____

SITE OWNER NAME:_____ TELEPHONE#: _____

OWNER ADDRESS:_____

CURRENT ZONING: _____

TYPE OF USE: RESIDENTIAL: _____ COMMERCIAL: _____ OTHER: _____

DESCRIPTION of PROPOSED USE: _____

CONSTRUCT A BUILDING: _____ EXPAND: _____ REMODEL: _____ RELOCATE BLDG: _____

ACCESSORY BUILDING: _____ FENCE or WALL: _____

SITE INFORMATION:

FLOODPLAIN: NO ____ YES ____ IF YES, FLOODPLAIN TYPE _____

SETBACK(S) REQUIRED: _____

BUILDING HEIGHT (STORIES): _____

NEW OFF-STREET PARKING or LOADING SPACE PROPOSED: _____

WATER SERVICE: PUBLIC _____ WELL _____ WASTE DISPOSAL SERVICE: PUBLIC _____ SEPTIC _____

Other information, which would clarify request:_____

_____

_____

I HEREBY CERTIFY THE STATEMENTS MADE HEREIN ARE TRUE AND MY PROPOSED USE OF THE LAND OR BUILDING WILL COMPLY WITH THE ZONING ORDINANCE OF THE TOWN OF SIMS. I HEREBY GRANT PERMISSION FOR THE TOWN'S ZONING ADMINISTRATOR TO ENTER MY PROPERTY FOR INSPECTIONS. I WILL NOT ALLOW THE STRUCTURE TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS RECEIVED FROM THE TOWN OF SIMS OR WILSON COUNTY PLANNING DEPARTMENT, WHEN REQUIRED.

SIGNATURE:_____ DATE:_____

Include a sketch of the proposed area, showing placement and dimensions of structure, etc. applicable to this application.

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PERMIT FEE PAID:_____ DATE PAID:_____

SDF REQUIRED: Y___ N___ SDF PAID: W/S_____ DATE PAID:_____

APPLICATION: _____APPROVED _____DENIED ZONING PERMIT #:_____

INITIAL INSPECTION DATE:_____ FINAL INSPECTION DATE:_____

Rev 3/8/2023