

**ZONING PERMIT  
APPLICATION**  
**Fee: \$35.00**

*City of New Bern*



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**Applicant:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Legal relationship of applicant to property owner \_\_\_\_\_

**Property information:**

1. Business name: \_\_\_\_\_

2. Address of Property: \_\_\_\_\_

3. Purpose of permit: \_\_\_\_\_

4. Zoning District: \_\_\_\_\_ Lot size: \_\_\_\_\_ PLF \_\_\_\_\_ S.L.F. \_\_\_\_\_

**(Note: If more than two acres, a Special Use Permit may be required)**

5. Minimum Required Setbacks: Front \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft.

6. Proposed setbacks: Front yard \_\_\_\_\_ Side yard \_\_\_\_\_ Rear yard \_\_\_\_\_

7. Buildings: Number existing \_\_\_\_\_ Gross floor area \_\_\_\_\_ sq. ft.

Number proposed \_\_\_\_\_ Gross floor area \_\_\_\_\_ sq. ft.

8. Trees: #Required \_\_\_\_\_ # Proposed \_\_\_\_\_ Screen Type & Location \_\_\_\_\_

9. Parking: Required Spaces \_\_\_\_\_ Existing Spaces \_\_\_\_\_ Proposed Spaces: \_\_\_\_\_

**ATTACH SITE PLAN OR SURVEY SHOWING EXISTING AND PROPOSED CONDITIONS.**

*I certify that the information provided is true to the best of my knowledge.*

**Applicant's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Staff Comments: _____	
_____ Zoning Officer	_____ Date

