

**ZONING PERMIT
APPLICATION**

Fee: \$38.00



Greg McCoy
(252) 639-7585
mccoyg@newbern-nc.org
Fax: (252) 636-2146

Applicant / Building Contractor:

Property Owner:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Legal relationship of applicant to property: _____

Electrical Contractor/if applicable:

Name _____ Title _____ License # _____

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: _____ ft. Side: _____ ft. Rear: _____ ft.

7. Buildings: Number existing _____ Gross Floor Area _____

Number proposed _____ Gross Floor Area _____

8. Trees: # Required: _____ # Proposed: _____ Screen Type & Location: _____

9. Parking: # Required: _____ # Proposed: _____ # Existing: _____

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 Signature _____

Date _____

Approved [<input type="checkbox"/>] Denied [<input type="checkbox"/>] Staff Comments: _____ _____ Land & Community Development Administrator: _____ _____ Date _____

CITY OF NEW BERN PLANNING & INSPECTIONS

The contractor/agent must have each department high-lighted below signed off prior to a building/zoning permit being issued. **All signatures must be original and on the same sign-off sheet.**

Construction Address: _____

Contractor / Agent: _____

Name of Business: _____

1. Police Department/911 Signature _____ Date: _____
Ronnie Compton (252) 672-4107
Comments: _____

2. Zoning/Historic District Signature _____ Date: _____
Greg McCoy (252) 639-7585
Kevin Robinson (252) 639-7583
Comments: _____

3. Engineering Department Signature _____ Date: _____
Jordan Hughes (252) 639-7525
Comments: _____

4. Electrical Department Signature _____ Date: _____
Carl Toler (252) 639-2823
Comments: _____

5. Fire Department Signature _____ Date: _____
Bobby Boyd or Danny Hill (252) 639-2931
Comments: _____

6. Public Works Department Signature _____ Date: _____
Matt Montayne (252) 639-7500
Comments: _____

7. Craven County Health Dept. Signature _____ Date: _____
Keith Jernigan (252) 636-4936
Comments: _____

Notes: _____

