



Town of Cape Carteret
Planning and Inspections Department
Zoning Permit Application

Date: _____

Type of Permit:

_____ Residential Zoning Permit _____ Commercial Zoning Permit

_____ Sign Permit _____ Driveway Permit

_____ Accessory Structure Permit _____ Home Occupation Permit

Project Address: _____

Property Owner Name: _____

Applicant Name: _____

Applicant E-mail Address: _____

Applicant Phone Number: _____

Project Description:

I _____ am the property owner or entity authorized by the property owner to conduct the abovementioned activities at the project address listed above. I agree to comply with all applicable sections of the Town of Cape Carteret Code of Ordinances and to obtain all necessary state and local permits that may apply. Further, I hereby grant access to the property to the Town of Cape Carteret and its agents to enter onto the property to periodically conduct inspections and to monitor the status of the proposed work. I understand that a stop work order may be issued if I fail to comply with the conditions of my Zoning Permit or if I deviate from the plans that have been submitted and approved by the Town of Cape Carteret Planning and Inspections Office.

Applicants Signature

Date

FOR STAFF USE ONLY

Zoning District: _____

Zoning Officer's Signature: _____

Permit Number: _____