

# Town of Cape Carteret Zoning Permit Application



## Type of Zoning Permit

Residential Zoning Permit       Commercial Zoning Permit       Driveway Permit  
 Sign Permit       Home Occupation Permit       Special Event  
 Accessory Structure Permit       Other (Please Specify) \_\_\_\_\_  
 Fence Permit  
 Signed approval letter from HOA/ARC submitted with this application (if applicable)

**Project Address:** \_\_\_\_\_

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

**Contractor Name:** \_\_\_\_\_

**Applicant E-mail Address:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Detailed Project Description (height, sq ft, setbacks, use, etc.):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Floodplain & CAMA (Ask for assistance with this section if applicable):

Is the Project Located in a CAMA AEC: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, Estuarine Shoreline AEC \_\_\_\_\_, Outstanding Resource Waters (ORW) AEC \_\_\_\_\_  
 Is the Project Located in a Flood Zone: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, Flood Zone: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_  
 Elevation Certificate Provided: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Proposed Sq Ft of Area to be Enclosed below Base Flood Elevation (BFE): \_\_\_\_\_ sq ft Community Number: \_\_\_\_\_ Panel Number: \_\_\_\_\_ Suffix: \_\_\_\_\_ Date of Firm: \_\_\_\_\_ Base Flood Elevation Required: \_\_\_\_\_  
 CAMA Permit submitted with zoning permit application \_\_\_\_\_

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 federal, 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. **Further, I understand that I must schedule a final inspection promptly upon the completion of work. Failure to schedule a final inspection may result in fines, penalties, or permit revocation. Final inspections can be requested by calling 252-393-8483 or by emailing [bowens@capecarteret.org](mailto:bowens@capecarteret.org)**

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_