



**Town of Rockwell
Zoning Permit**

Permit Number: _____

New Structure	Addition	Accessory Structure
Accessory _____	Heated Space _____	Detached Garage _____
Residential _____	Garage _____	Outbuilding _____
Commercial _____	Deck/Porch _____	Swimming Pool _____
	Other _____	Other _____

Applicant Name _____	Owner Name _____
Mailing Address _____	Mailing Address _____
_____	_____
Phone No. _____	Phone No. _____
Relationship of Applicant to Owner _____	

Property Information	
Location: _____	Tax Parcel ID No. _____
Existing Zoning _____	Water: Well <input type="checkbox"/> Public <input type="checkbox"/>
Lot Area _____ Width _____	Sewer: Septic <input type="checkbox"/> Public <input type="checkbox"/>

Dimensional Requirements		
	Required	Proposed
Lot Area:	_____	_____
Side Yard (L):	_____	_____
Side Yard (R):	_____	_____
Front Setback	_____	_____
Rear Setback:	_____	_____
Width @Bldg Line	_____	_____
Parking Spaces	_____	_____
Building Height	_____	_____
Lot Coverage	_____	_____

Comments

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION			
Front _____		R-Side _____	
L-Side _____		Rear _____	

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
_____	_____
ZONING ADMINISTRATOR	DATE

ATTACHMENT

In order to be considered complete, the following must accompany each application:

1. A fee (in cash or a check made payable) to the Town of Rockwell in the amount of \$ _____ shall be submitted to the Town Clerk.
2. A scaled dimensional drawing which shows (a) the exact shape, dimensions, and locations of proposed structures on the lot, and (b) the exact shape, dimensions, use, and location of existing structures on the lot. Upon this survey or drawing shall be sketched the following: (a) the exact shape, dimensions, and area of the structure(s) to be placed on the lot; (b) all setback lines on the lot once the proposed structure is completed; and (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of this Ordinance.

CERTIFICATIONS

1. I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED FOR THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

SIGNATURE OF APPLICANT

DATE

2. I, _____, OWNER OF PROPERTY
 _____ (List Tax Map, Book, and Parcel
 Number) IN ROCKWELL, NORTH CAROLINA DO HEREBY AUTHORIZE
 _____ (Applicant's Name) TO SUBMIT THIS
 ZONING PERMIT APPLICATION TO THE ZONING ADMINISTRATOR ON
 MY BEHALF.

SIGNATURE OF PROPERTY OWNER

DATE

3. TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION IS ACCEPTED AND DEEMED COMPLETE.

ZONING ADMINISTRATOR

DATE

**TOWN OF ROCKWELL
ZONING PERMIT CHECKLIST**

ZONING PERMIT _____

DATE OF ISSUE _____

NAME OF APPLICANT _____

TAX BOOK, MAP AND PARCEL _____

The above zoning permit has been issued subject to it meeting or adhering to each of the following conditions, which have been checked:

- () Zoning Permit is valid for six month from the date of issue.
- () An inspection of the property will take place before a Certificate of Occupancy is issued by the Rowan County Building Inspections Office. (If applicable)
- () Zoning permit is for principal structure only. Accessory structures shall require the issuance of a separate permit.
- () Zoning permit is for an accessory structure only. Enlargement of the principal structure shall require a separate permit. **SEE ATTACHMENT**
- () Zoning permit is for sign only. Enlargement or construction of accessory or principal structures shall require a separate permit.
- () Structure must meet or exceed all required setbacks and yard requirements as herein specified.
- () Only one principal structure per lot is allowed.
- () All mobile homes (single and double wide) must be underpinned before power is turned on.