TOWN OF CRESWELL

PO BOX 68♦104 SOUTH SIXTH STREET♦CRESWELL, NC 27928

PHONE 252-797-4852♦FAX 252-797-7281

E-MAIL: [creswellnc@centurylink.net](mailto:creswellnc@centurylink.net)

WEBSITE: [www.townofcreswell.com](http://www.townofcreswell.com)

MAYOR: COMMISSIONERS:

E. RAY BLOUNT RON AMBROSE

SYBLE SPRUILL

TOWN CLERK/FINANCE OFFICER: BRENDA LOGAN

PENNY CHAPMAN JOEL HARRIS

# TOWN OF CRESWELL

**ZONING PERMIT**

**PERMITTED USE/CONDITIONAL USE**

PERMIT NO. \_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permission is hereby granted as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

building is located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot No. \_\_\_\_\_\_\_ Lot Dimensions \_\_\_\_\_\_\_\_\_\_\_\_ Zoning District Town of Creswell ETJ

Minimum Setback from property line is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building Height \_\_\_\_\_\_\_\_\_\_

Existing use of Bldg. And/or Land \_\_\_\_\_\_\_ Proposal Use of Bldg. And/or Land \_\_\_\_\_\_

Square Foot of Floor Space \_\_\_\_\_\_\_\_\_ No. of Families Bldg. to Accommodate \_\_\_\_\_\_

Existing Use of Neighboring Properties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/County Water \_\_\_\_\_ Town Sewer \_\_\_\_\_ Septic Tank Permit No. \_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Adjustment approval required for Conditional Uses. Attach minutes of meeting at which approval given and list any conditions of approval.

This building is to be altered, erected or repaired in accordance with the restriction in force as applied to the zone in Creswell in which the property is located and the GENERAL BUILDING LAWS OF THE STATE and zoning provisions as adopted by the Town of Creswell. This Permit is valid for six (6) months. Compliance with building regulations is the responsibility of the undersigned applicant.

Applicant’s Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

Any change in construction as specified will be subject to prior notification to the Building Inspector and Zoning Administrator.

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

Zoning Administrator

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

Building Inspector

ORIGINAL: TOWN OFFICE

COPIES: WASHINGTON COUNTY BLDG. INSPECTOR

APPLICANT