**Development Permit Application
Submittal Checklist**

*This checklist indicates the minimum items required for this permit application to be considered complete. Please* ***initial*** *each item in the following checklist.* ***Write*** *N/A for items that are not applicable.*

|  |  |  |
| --- | --- | --- |
| **Applicant Initials** | ***Required component of complete application*** | **Staff Initials** |
|  | 1. Applicant logged in (Station outside of the Inspection Department)
 |  |
|  | 1. Development Permit Application is filled out completely.
 |  |
|  | 1. Original signatures are included. Copies not accepted.
 |  |
|  | 1. Site/plot plan, drawn to scale, is included showing all existing and planned improvements, lot lines, setbacks, and access to right-of-way.
 |  |
|  | 1. Full survey by licensed surveyor is included showing all existing and planned improvements, lot lines, setbacks, and access to right-of-way.
 |  |
|  | 1. Addition specifications and plans are included, if applicable.
 |  |
|  | 1. All impervious surfaces are indicated in site/plot plan
 |  |
|  | 1. I have read and understand the entire Development Permit Application.
 |  |

***I understand that no application will be held that is considered incomplete. If found to be incomplete it will be returned to me to make the corrections before it will be reviewed or considered. All information contained in this Development Permit Application is complete and accurate to the best of my knowledge and ability.***

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY OF DUNN**

**Development Permit Application**

Please attach a plot plan that includes the following: lot lines and dimensions, location and size of all existing and proposed buildings, distance from each building to property lines, all driveway entrances, parking and loading areas, all existing landscaping (generally).

**TO BE COMPLETED BY THE PROPERTY OWNER**

***Property Owner Contact Information***

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Contact Telephone Number: ( \_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Property Address Information***

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County PIN: \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ .000

Dimensions of the Parcel:

Width: \_\_\_\_\_\_\_\_\_\_\_ Depth: \_\_\_\_\_\_\_\_\_\_ Square Feet: \_\_\_\_\_\_\_\_\_\_\_ Acreage: \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Description of Structure on the Parcel*****Current Use and Proposed Use*** |
| ***Current Use*** | ***Proposed Use*** |
| ***Use*** | ***Sq. ft of structure*** | ***Business name if applicable*** | ***Use*** | ***Sq. ft of structure*** | ***Business name if applicable*** |
| Residential |  |  | Residential |  |  |
| Commercial |  |  | Commercial |  |  |
| Office |  |  | Office |  |  |
| Vacant |  |  | Vacant |  |  |
| Other |  |  | Other |  |  |

|  |
| --- |
| **Existing Buildings on Parcel** |
| **Building** | **Width** | **Depth** | **Current Use** |
| Building 1 |  |  |  |
| Building 2 |  |  |  |
| Building 3 |  |  |  |
| Vacant |  |  |  |
| ***# of existing parking spaces = \_\_\_\_\_\_\_\_\_\_\_*** |

|  |
| --- |
| **Proposed Project** |
|  | New Construction |
|  | Use of Existing Structure |
|  | Modification of Existing Structure |
|  | Addition to Existing Structure |
|  | Additional Building |
| Dimensions of New Construction: Width: \_\_\_\_\_\_\_\_\_\_ Depth: \_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Connection to Utilities** |
| Yes | No | **Utility** | Yes | No | **Utility** |
|  |  | Electricity |  |  |  |
|  |  | Dunn water  |  |  | Private well |
|  |  | Dunn sewer |  |  | Private septic system |
|  |  | Storm water system |  |  | Harnett County water |
|  |  | Natural gas |  |  |  |
| Square feet of New Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Owner Certification***

*I hereby certify that I am the owner of the above identified property, that the information shown above and shown on the attached plot plan is correct and complete to the best of my knowledge. I understand that all decisions rendered will be based on and enforced according to this information. I understand that this permit, if granted, is issued on the basis of the information supplied by the owner and that this permit may be revoked in the event of any breach of representation or conditions.*

Property Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Be Completed by the Zoning Official**

|  |  |
| --- | --- |
| **Current Zoning Classification** |  |
|  Required Lot Size |  |
|  Required front yard setback |  |
|  Required rear yard setback |  |
|  Required side yard setback |  |

|  |
| --- |
| **Food Plain Determination** |
|  Property is not located in a flood plain. |  |
|  Property is located in flood plain, development is not |  |
|  Development is located in a designated flood hazard area. |  |
|  FIRM Panel Number: \_\_\_\_\_\_\_\_\_ Date of FIRM Panel: \_\_\_\_\_\_\_ |

|  |
| --- |
| **Parking Spaces** |
|  Number Required |  |
|  Number provided |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Review**

Approved \_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special conditions**

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

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