

105 N. Railroad Street Post Office Box 185 (252) 827-4823 Fax: (252)827-4814

townofmacclesfieldnc@gmail.com

## **Zoning Certificate**

Date:		Permit Number:	
Permit Class		Application/Current Address	
Parcel Number	Zoning		
Assigned Address		Phone Number	
Property Owner		Township	
Phone Number		Census Tract	
Permit to:			
Erect a Structure	Relocate a Structure		Other (Explain)
Place a mobile home	Add to Existing	Structure	
Type of Use:	Watershed:	_	Flood Hazard:
	Main Struct	ure Information	
Lot Size:		Front Yard: (in feet)	
Height (Stores in Feet):		Side Yards: Interior: Corner:	
No. of Family Units:		Rear Yard:	
	Accessory Bui	lding Information	
Description: (including use):		Setback from Rear Lot Lines:	
		Setback from Side Lot Lines:	
		Setback from Main Building:	
The provisions of the Town of Macc	esfield Zoning Ordinance		
are minimum requirements and where at variance with		Signature of Applicant	
requirements of other lawfully ado	pted regulations, the most		
restrictive or that imposing the higher standards shall govern.		Signature of Zoning Officer	
Date:			
Comments:			
Permit to construct or repair shall be	oe void and of no effect if cor	nstruction hereunder is not be	gun within six months from this date.