



# Zoning Certification Application

Planning & Neighborhood Services  
PO Box 2430  
Indian Trail, NC 28079  
Telephone (704) 821-5401  
Fax (704) 821-9045

Date Received \_\_\_\_\_

## Submittal Requirements

- Completed Application
- Scaled dimensional drawing showing exact shape and dimensions of the lot, any structures to be built on the lot, and required setbacks
  - HVAC is deemed an accessory structure and shall comply with 5' setback
  - Deck or patio 12" or more in elevation shall be shown and comply with setback requirements
- Fees associated with review \$150

## General Information

Project Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Tax Parcel ID \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Total Acres \_\_\_\_\_ Impervious Area \_\_\_\_\_

Project Description/  
Construction Value \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_

## Contact Information – Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Setbacks

**Proposed** Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

**Required** Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_