



# TOWN OF BLOWING ROCK ZONING PERMIT APPLICATION

Department of Planning and Inspections  
PO Box 47, Blowing Rock, North Carolina 28605  
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Boxes checked by staff indicate to be completed by applicant. Fill in all blanks. Enter N/A if not applicable.

**GENERAL INFORMATION**

Pin# \_\_\_\_\_

Project Name \_\_\_\_\_ Zoning District \_\_\_\_\_

Project Location \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Owner \_\_\_\_\_

**ZONING PERMIT**

Application for:  New Construction  Change in Use  Interior Renovation

Addition  Other \_\_\_\_\_

Previous Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Existing Building Sq. Footage \_\_\_\_\_

Proposed Bldg. Sq. Footage \_\_\_\_\_

Existing Height \_\_\_\_\_

Proposed Height \_\_\_\_\_

Description of Improvements \_\_\_\_\_

Estimated Project Cost \$ \_\_\_\_\_

Stream on or near property?  Yes  No

(CONTINUED ON REVERSE SIDE)

**GRADING COMPLIANCE**

Person responsible for land disturbing activity: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Size of disturbed area: \_\_\_\_\_ Square Feet or \_\_\_\_\_ Acres

***A GRADING PLAN MUST BE ATTACHED***

Checklist of Basic Plan Elements:

- Contours (existing and proposed)
- Drainage, structures, culverts, etc.
- Narrative explaining timing, and grading and construction sequence
- Erosion Control Measures

**FLOODPLAIN COMPLIANCE**

Is there a stream on the property? ( ) YES ( ) NO

Does project include a stream crossing? ( ) YES ( ) NO Culvert? \_\_\_\_\_ Bridge? \_\_\_\_\_ Other? \_\_\_\_\_

Is property in a Special Flood Hazard area? ( ) YES ( ) NO Zone? \_\_\_\_\_ Panel? \_\_\_\_\_

Is property in a Floodway Zone? ( ) YES ( ) NO

Will project involve a stream channel relocation? ( ) YES ( ) NO

Are there any Wetlands on project site? ( ) YES ( ) NO

Agencies Notified: Corps \_\_\_\_\_ NC DWQ \_\_\_\_\_

Upon issuance of this permit, I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Applicant** \_\_\_\_\_

**Mailing Address of Applicant** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Mobile Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**STAFF USE ONLY**

**Zoning Permit:** # \_\_\_\_\_ \$ \_\_\_\_\_ **Date** \_\_\_\_\_ **Receipt #** \_\_\_\_\_