



Permit #:	_____
Date of issue:	_____
Fee:	_____
Receipt #	_____

1101 MAIN STREET, ANDREWS NC 28901
PHONE 828-321-3113 FAX 828-321-4159

Zoning Compliance Permit

SITE DATA		Property Identification Number	
Physical Address: _____		(PIN) Number: _____	
Project/Subdivision Name: _____		Land Area (ac. or sq. ft.): _____	
OWNER/APPLICANT INFORMATION			
Name of Property Owner: _____			
Address: _____		City: _____ State: _____ Zip: _____	
Name of Permit Applicant: _____			
Address: _____		City: _____ State: _____ Zip: _____	
Applicant Phone #: _____			
PROJECT INFORMATION			
Type of Permit: _____			
Description of Project: _____			
Area (Sq. Ft.): Heated: _____ Unheated: _____ Other: _____			
ZONING INFORMATION (All applicable provisions of the Andrews Development Ordinance shall apply.)			
Zoning District:		Required Setbacks	Proposed Setbacks
Overlay District:		Front:	Front:
Site Development Plan:		Left Side:	Left Side:
Floodplain:		Right Side:	Right Side:
Base Flood Elevation:		Rear:	Rear:
Other: _____			
Signature of the Applicant: _____ Date: _____, 20__			
SITE PLAN and/or SIGN DRAWING			
Provide a site plan showing where on your lot the building or sign will be placed. Provide a detailed drawing of your project, showing dimensions such as width, height, and area in square feet. (Attach additional sheet to this form.)			
Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Appealed			
Signature of Planning, Zoning & Subdivision Administrator: _____ Date: _____, 20__			
Permit Expiration Date: ONE YEAR from date of issue if not commenced.			