

Town of Richlands
Zoning Compliance Permit & Application Form

DATE: 2-28-23

ZONING COMPLAINE PERMIT/ APPLICATION NO: _____

APPLICATION FOR:

- | | | |
|---|--|---|
| <input type="checkbox"/> CONSTRUCTION OF A BUILDING | <input type="checkbox"/> CHANGE OF THE USE | <input type="checkbox"/> ERECTION OF A SIGN |
| <input type="checkbox"/> ALTERATION OF A BUILDING | <input type="checkbox"/> HOME OCCUPATION | <input type="checkbox"/> RELOCATION OF A BUILDING |
| <input type="checkbox"/> CLASS A MANUFACTURED HOME | <input type="checkbox"/> CLASS B MANUFACTURED HOME | <input type="checkbox"/> INSTALL FENCE |
| <input checked="" type="checkbox"/> OTHER _____ | | |

APPLICANT:

NAME: LAVONNE Speight PHONE NO: 910-548-0808

MAILING ADDRESS: 109 D Sylvester st Richlands, NC 28574

ADDRESS OF PROPERTY (if different from mailing address): _____

PROPERTY OWNER (if different from applicant):

NAME: Cody Montgomery PHONE NO: 910-389-2260

MAILING ADDRESS: _____

CONTRACTOR:

NAME: N/A PHONE NO: _____

STATE LICENSE #: _____ TOWN OF RICHLANDS PRIVILEGE LICENSE PAID? Yes _____

MAILING ADDRESS: _____

DESCRIPTION OF PROPERTY:

TAX MAP ID#/PIN #: 202-51 IS PROPERTY WITHIN 100-YEAR FLOODPLAIN: YES NO

LOT DIMENSIONS (As Apply):

STRUCTURE DIMENSIONS:

Length _____
Width _____
Area _____
Frontage from Right of Way _____
Is this a corner lot? _____

Length _____
Width _____
Height _____
Principal Structure _____
Accessory Structure _____

- TYPE OF USE:
- | | |
|--|--|
| <input type="checkbox"/> SINGLE FAMILY RESIDENTIAL | <input type="checkbox"/> INDUSTRIAL |
| <input type="checkbox"/> MULTI FAMILY RESIDENTIAL | <input type="checkbox"/> ACCESSORY |
| <input checked="" type="checkbox"/> COMMERCIAL | <input type="checkbox"/> INSTITUTIONAL |

- EXISTING STRUCTURES ON PROPERTY:
- VACANT LOT; NO BUILDINGS OR MANUFACTURED HOMES ON PROPERTY
 - SITE-BUILT HOME
 - MANUFACTURED HOME
 - COMMERCIAL OR INDUSTRIAL BUILDING
 - ACCESSORY BUILDING (INCLUDED DETACHED CARPORTS, GARAGES, AND STORAGE BUILDINGS)

UTILITY SERVICE: ONWASA WATER SEPTIC TANK N/A
 ONWASA SEWER WELL

IS THE STRUCTURE IN THE RIGHT-OF-WAY OF: TOWN UTILITIES RAILROAD N/A
 NCDOT OR TOWN ROAD NONE
 PROPOSED THOROUGHFARE

DESCRIPTION OF ZONING:

ZONING DISTRICT: C-2 TOWN LIMITS EXTRA TERRITORIAL JURISDICTION

BUILDING SETBACKS:	REQUIRED	PROPOSED
Front yard	_____	_____
Rear yard	_____	_____
Side yard, left	_____	_____
Side yard, right	_____	_____
Height	_____	_____
Maximum Lot Coverage	_____	_____
Maximum Density	_____	_____

COMMENTS: This is a 10' x 8' LARK storage building
NO footers AND CAN be moved AT Later date

DESCRIPTION OF PROPOSED WORK:

SAME AS ABOVE
this is for storage of extra supplies

REQUIRED ATTACHMENTS:

1. A sketch must be provided that shows all setbacks from the property lines/ right-of-ways, all primary and accessory buildings, all building dimensions, and any off-street parking or loading areas that are required.
2. For all new construction of primary buildings, a copy of the recorded plat/survey will need to be attached to this application. A copy of this can be obtained from the Register of Deeds office.

NOTES:

1. An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date, or if the work authorized by it is suspended or abandoned for a period of one year, unless vested rights is requested, then this permit is valid for a period of two (2) years.
2. The Zoning Administrator must be notified to make onsite inspection once the set back lines have been identified on-site (for new construction).
3. The Zoning Administrator will attempt to make zoning determinations within three (3) business days of submission of a fully-completed application.

OWNER/APPLICANT STATEMENT: I certify that I am the property owner or truly represent the property owner(s). I certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge. I understand that the Town of Richlands is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Richlands Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted. Any violation of the Zoning Ordinance will be grounds for revoking this permit and any other permits issued in reliance upon the same.

SIGNATURE OF APPLICANT: *Arvonne Speight* DATE: 3/29/23

****OFFICIAL USE ONLY****

APPROVED DISAPPROVED BY:

SIGNATURE OF ZONING OFFICIAL: *[Signature]* DATE: 3/29/2023

COMMENTS: _____

Date Payment Received: _____ Payment by: Cash Check # _____ Receipt #: _____

TOWN OF RICHLANDS
Flood Compliance Worksheet

Applicant: Lavonne Speight
Tax Parcel: 202-51

911 property address: 109 Sylvester Street Unit D
Richlands NC 28574

Type of Structure: Residential _____
Commercial X
Governmental _____
Manufactured Home _____

1. Is property in a Floodway?
YES _____ NO X UNDETERMINED _____
(Will require a survey)

2. Is property in a Flood Zone?
YES X NO _____ UNDETERMINED _____
(Will require a survey)

Flood Zone Determination: A _____ AE _____ X X

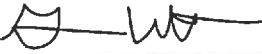
Map Amendment: LOMA _____ LOMR _____ NONE X If Yes, copy attached

Community CID: 370341

Map Panel Number: 4431 K

3. If property is located in any type of "A" Zone, does the proposed development need additional permitting consideration?

YES _____ NO _____ If Yes, applicant must submit application for construction in flood zone

Authorized Signature:  _____ **Date:** 3/29/2023
Gregg Whitehead, Town Administrator

15 JAMES ST 101

