

Town of Unionville

1102 Unionville Church Road, Monroe, NC 28110

Phone 704/226-1989 Fax 704/226-0939

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RESIDENTIAL ADDITION ZONING PERMIT # _____ RA-40

Date _____ Fee \$50 Check Number _____

Applicant Name _____ Phone # _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Lot Information

Street: _____ Lot Number: _____

Tax Parcel Number: _____ Area: _____ Street Frontage: _____

Subdivision: _____ Phase: _____

Principal Structure Requirements:

Required:		Proposed
<u>40 feet</u>	Front Setback:	_____
<u>40 feet</u>	Rear Yard Setback	_____
<u>15 feet</u>	Left Side Yard	_____
<u>15 feet</u>	Right Side Yard	_____
<u>35 feet (Max)</u>	Bldg. Height	_____

ATTACH THE FOLLOWING: One copy of a scaled dimensional survey drawn by and certified as true and correct by a surveyor or engineer registered with the state of North Carolina which shows the shape, dimensions and location of the lot to be built upon, uses and existing structures on the lot. Upon this survey shall be sketched the following : (a) the shape, dimensions, and area of proposed location of proposed structure to be placed upon the lot; (b) all setback lines on the lot once the proposed structure is completed, affirmatively showing that the area of the proposed location will meet all setback requirements, and; (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Town of Unionville Land Use Ordinance _____ I HEREBY CERTIFY that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all requirements of the Town of Unionville Land Use Ordinance concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Unionville.

APPLICANT SIGNATURE

DATE

THIS PERMIT IS: APPROVED _____

DISAPPROVED _____

LAND USE ADMINISTRATOR

DATE

