

ZONING PERMIT	Town of Benson	
PERMIT NUMBER:	303 E. Church St	
PERMIT ISSUED FOR:	Benson, NC 27504	
PERMIT ISSUE DATE:	919-894-3553	
ZONING PERMIT FEE:	Inspections@townofbenson.com	

Applicant and Site Information

Business name or Type of Project:	Project Address:	Business Phone #:
Tax ID #:	Lot #	
Property Owner:	Property Owner Address:	Owner Phone #:
Applicant Name:	Applicant Address:	Applicant Phone #:
Subdivision Name:	Area in SQ FT:	# of Parking Spaces:

Zoning Information

Zoning:	Front Setback:	Side Setback:	Rear Setback:	Street Side:
Within 100 year FloodPlan?	Stormwater Detention Required?	Site Plan Required?	City or ETJ:	

Fire Department Comments:

Proposed Use:	Change in Use?	SUP?	SUP File Number:	SUP Approval Date:
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COMMENTS AND CONDITIONS OF APPROVAL: 1. ZONING PERMIT ONLY. BUILDING PERMITS TO BE ISSUED BY JOHNSTON COUNTY BUILDING INSPECTIONS. 2. PROJECT SHALL BE BUILT IN ACCORDANCE WITH ATTACHED SITE PLAN AND/OR SIGN DRAWINGS. 3. PROJECT SHALL BE CONSTRUCTED IN ACCORDANCE WITH ALL TOWN OF BENSON REGULATIONS AND STANDARD DETAILS AND SPECIFICATIONS.

Signature Block

THE APPLICANT AGREES TO COMPLY WITH ALL BUILDING AND ZONING REGULATIONS AND OTHER LAWS APPLICABLE TO THE USE OF THIS STRUCTURE AND FACILITIES REFERENCED TO HEREIN. THE PERMIT INSURED FOR WORK SHALL EXPIRE BY LIMITATION SIX MONTHS AFTER THE DATE OF ISSUANCE IF THE WORK AUTHORIZED HAS NOT BEEN COMMENCED. IF AFTER COMMENCEMENT THE WORK IS DISCONTINUED FOR A PERIOD OF 12 MONTHS, THE PERMIT THEREFORE IMMEDIATELY EXPIRES. NO WORK AUTHORIZED BY A PERMIT THAT HAS EXPIRED SHALL THEREAFTER BE PERFORMED UNTIL A NEW PERMIT HAS BEEN SECURED. I UNDERSTAND AND ACCEPT THE TERMS OF THIS PERMIT:

Applicant Signature:	Date:
Print Name:	
Approved By:	Date: