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|--|--------------------------------|--|------------------|----------------------|---|
| ZONING PERMIT | | Town of Benson 303 E. Church St Benson, NC 27504 919-894-3553 Inspections@townofbenson.com | | |  |
| PERMIT NUMBER: | | | | | |
| PERMIT ISSUED FOR: | | | | | |
| PERMIT ISSUE DATE: | | | | | |
| ZONING PERMIT FEE: | | | | | |
| Applicant and Site Information - REQUIRED | | | | | |
| 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: | | Lot Area in SQ FT: | | # of Parking Spaces: | |
| Zoning Information – REQUIRED | | | | | |
| Go to Johnston County GIS to determine your Zoning District Setbacks can be locate at: https://www.townofbenson.com/DocumentCenter/View/44/TOB-COO-Title-XV-Chapter-156-UDO Article 2 Zoning Districts | | | | | |
| Zoning: | Front Setback: | Side Setback: | Rear Setback: | Street Side: | |
| Building Coverage Calculation: Required | | Impervious Surface Calculation: Required | | | |
| Within 100 year FloodPlain? | Stormwater Detention Required? | Site Plan Required? | City or ETJ: | | |
| Fire Department Comments: | | | | | |
| Proposed Use: | Change in Use? | SUP? | SUP File Number: | SUP Approval Date: | |
| COMMENTS AND CONDITIONS OF APPROVAL: 1. ZONING PERMIT ONLY. BUILDING PERMITS TO BE ISSUED BY TOWN OF BENSON 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 - REQUIRED | | | | | |
| 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: | |