



City of Brevard Planning Department
 95 West Main Street
 Brevard, North Carolina 28712
 Phone (828) 885-5630
 Fax (828) 885-5625
 cityofbrevard.com

ZONING PERMIT APPLICATION

Contact Information (To be completed by Applicant)

Applicant/Agent/Contractor Name:	Property Owner:
Mailing Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Property/Project Information

Property Location/Address:	Property PIN (Tax id #):
Project Name:	Zoning District:
	Flood Hazard Area: (check one) N Y
Project Cost:	Tax or Appraised Value:
Project Type: (ie: Residential, Commercial, Industrial)	
Describe Project: (i.e.: Change of Occupancy or Use, New house, New commercial, garage, deck, accessory structure, addition/alteration, manufactured home OR Restaurant seating 120, etc.) Must include building height _____ and width _____.	

I affirm and certify that I understand and will comply with all regulations and requirements of the City of Brevard. I further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief. Further, I understand that the application, attachments and fees become a part of the Official Records of the City of Brevard Planning Department, are not returnable and are subject to NC Public Records Law. I also recognize that if one or more deficiencies exist in this application, I will be notified of the deficient items, and the department shall take no further action on the application until the required information is submitted. I understand that misrepresentation of information contained within this application may be cause to void any development approvals associated with this application. I grant permission to the Zoning Administrator, and designees thereof, to enter upon the property represented herein for the purposes of administering this application.

If the Applicant is other than the property owner, proof of owner's consent is required. Owner's signature proves consent. The applicant will be the liaison with the City and will be the party to receive official notice. Notice communicated to the applicant will be deemed communicated to the owner. By signing this application, the applicant is consenting to the designation for these purposes.

Applicant/Agent/Contractor Signature:	Date:
Property Owner Signature:	Date: