



# CERTIFICATE OF ZONING COMPLIANCE APPLICATION

TOWN OF BELVILLE

497 Olde Waterford Way Suite 205, Belville, NC 28451

Phone 910.371.2456 : Fax 910.371.2474

Date: \_\_\_\_\_

**NOTE: PLEASE ALLOW 48 HOURS FOR YOUR APPLICATION TO BE PROCESSED.**

**Type:**    New Residential    New Commercial    Addition/Remodel    Sign (see BCZ 168)    Mobile Home    Fence  
                   Electrical    Swimming Pool    Mechanical    Plumbing    Accessory Structure    Other

Subdivision Name: \_\_\_\_\_ Lot#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Is Property in a Flood Zone?:    Yes    No    Don't Know   Flood  
If so, Height of lowest finished floor above mean sea elevation: \_\_\_\_\_ Zone: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Height of Building (ft.): \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

N.C. State License#: \_\_\_\_\_ (Homeowner need not have license)   Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Project Description: \_\_\_\_\_ **\*List all subcontractors on reverse side.**

### AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE NCGS §87-14

The undersigned applicant for this certificate of zoning compliance being the    Contractor    Owner  
Do hereby state under the penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the certificate of zoning compliance:  
 has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,  
 has/have one (1) or more subcontractors and have obtained worker's compensation insurance to cover them,  
 has/have one (1) or more subcontractors who has/have their own policy of worker's compensation insurance to covering themselves,  
 has/have not more than two (2) employees and no subcontractors,  
while working on the project for which this certificate of zoning compliance is sought. It is understood that the Town or County Inspections Department may require certificates of coverage of worker's compensation insurance prior to issuance of a certificate of zoning compliance or permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SETBACKS: *Please call Code Enforcement for Setback inspection.*

Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

### PARKING:

Parking Space Required: \_\_\_\_\_ Parking Spaces Proposed: \_\_\_\_\_

Paving Required: \_\_\_\_\_ Parking Layout Approved:  Yes    No   Date: \_\_\_\_\_

**NOTICE:** I hereby certify that I have read and examined this application and know the same to be true and correct. I also am aware that all work done under this certificate of zoning compliance shall comply with the latest edition of the North Carolina State Building Codes and all Town Codes. I agree that I am the responsible person for contacting the Town for setback inspections. (Property must be staked.) Failure to do so could result in fines and/or revocation of this certificate of zoning compliance. "Additionally, applicants are responsible for complying with any Subdivision and/or community Deed Restrictions for said property; i.e., (setbacks, etc.)"

**NOTE:** CERTIFICATE OF ZONING COMPLIANCE SHALL BE VOID AFTER SIX MONTHS FROM THE DATE OF ISSUANCE UNLESS SUBSTANTIAL PROGRESS ON THE PROJECT HAS BEEN MADE BY THAT TIME.

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**   Date for Inspection: \_\_\_\_\_  
Comments: \_\_\_\_\_

*After consideration and review of the certificate of zoning compliance application, I have determined that the applicant is in compliance with all Town ordinances.*



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Code Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*THIS APPLICATION IS NOT A PERMIT! REQUIRED PERMITS MUST BE OBTAINED FROM BRUNSWICK COUNTY, FOLLOWING APPROVAL OF CERTIFICATE OF ZONING COMPLIANCE.\*\*\***

## LIST OF SUBCONTRACTORS FOR CONSTRUCTION PROJECTS

*(Attach additional sheets if necessary)*

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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