



CERTIFICATE OF ZONING COMPLIANCE APPLICATION

TOWN OF BELVILLE

63 River Road, 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)

Business Name: _____ Owner: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Mobile Phone: _____ Office phone: _____
 Email: _____ Fax: _____

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 Address: _____ City: _____
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Email: _____ Fax: _____

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Business Name: _____ Owner: _____

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Address: _____ City: _____

State: _____ Zip: _____ Mobile Phone: _____ Office phone: _____

Email: _____ Fax: _____