



TOWN OF BELVILLE

CERTIFICATE OF ZONING COMPLIANCE APPLICATION

497 Olde Waterford Way, Suite #200
Belville, NC 28451

planning@townofbelville.com

Phone: 910.371.2456
Fax: 910.371.2474

DATE: _____

*****PLEASE NOTE: ALL FEES MUST BE SUBMITTED WITH APPLICATION TO BE PROCESSED.
ALL FEES ARE NONREFUNDABLE AND SUBJECT TO CHANGE. *****

Select Type:		
☐ New Residential	☐ New Commercial	☐ Addition/Remodel
☐ Electrical	☐ Swimming Pool	☐ Mechanical
☐ Sign (see BCZ 168) ☐ Mobile Home ☐ Fence ☐ Plumbing ☐ Accessory Structure ☐ Other		
Subdivision Name: _____		Lot#: _____
Property Owner's Name: _____		Tax Parcel #: _____
Street Address: _____		
City: BELVILLE	State: NORTH CAROLINA	Zip Code: 28451
Phone#: _____	Mobile#: _____	Email: _____
Is Property in a Flood Zone? ☐ Yes ☐ No ☐ Do not Know		
If so, Height of lowest finished floor above mean sea elevation: _____		Flood Zone: _____
Zoning District: _____		Height of Building (ft.): _____
Contractor's Business Name: _____		
Business Owner's Name: _____		Cell Phone/Home#: _____
Contractor's Address: _____		Office/Work Phone#: _____
City _____ State _____ Zip _____		Fax #: _____
N.C. State License#: _____ (Homeowner need not have license)		
Email: _____		
Please Enter A <u>Complete</u> Project Description: _____		

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 conducting the work.

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____

SETBACKS: *Please call to schedule Setback Inspections.*

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 ONE YEAR FROM THE DATE OF ISSUANCE UNLESS SUBSTANTIAL PROGRESS ON THE PROJECT HAS BEEN MADE BY THAT TIME.

Owner or Agent Signature: _____ **Date:** _____

For Office Use Only Comments: _____ <i>After consideration and review of the Certificate of Zoning Compliance application, I have determined that the applicant is in compliance with all Town Ordinances.</i> Zoning Code Administrator: _____	Date for Inspection: _____ Date: _____
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*****THIS APPLICATION IS NOT A PERMIT!*****
REQUIRED PERMITS MUST BE OBTAINED FROM THE BRUNSWICK COUNTY OFFICE,
FOLLOWING APPROVAL OF THE CERTIFICATE OF ZONING COMPLIANCE.

LIST ALL OF SUBCONTRACTORS FOR CONSTRUCTION PROJECT(S)
(Attach additional sheets if necessary)

Business Name: _____ Owner: _____

Address: _____ City: _____

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

Email: _____ Fax: _____

Business Name: _____ Owner: _____

Address: _____ City: _____

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

Email: _____ Fax: _____

Business Name: _____ Owner: _____

Address: _____ City: _____

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