



Date Received: _____
Received By: _____

Town of Pembroke Zoning Compliance Permit Application

Property Owner

Applicant (or Representative–Surveyor, Contractor, etc.)

Name _____
Mailing Address _____
Daytime Phone _____
Fax _____
Email Address _____
Signature _____

Name _____
Mailing Address _____
Daytime Phone _____
Fax _____
Email Address _____
Signature _____

Who should be contacted for any questions that may arise?

Owner

Applicant

Street Address of Property _____ Lot Area _____

Location of Property (Check one)

Inside Town Limits

In Town ETJ (within 1 mile of Town Limits)

If Accessory Structure (Garage, Workshop, etc.), Check Services Structure will have:

Electrical Kitchen Plumbing Bathroom Plumbing City Water City Sewer

Project Description

Attach Additional Page(s) if Necessary

If Non-Residential Use (Circle):

Sign(s)? Y N

How Many? _____

Freestanding Sign(s)? Y N

Brief Description (Attach Sketches) _____

Parking Spaces _____

Handicapped Parking Spaces _____

****Only Complete Applications will be Accepted****

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BUILDING INFORMATION: Please complete the following for ANY new construction (including additions).

Lot Depth _____ Lot Width _____ Building Height _____

Setbacks (Distance from Property Line to Building or Addition)

Front _____ Rear _____ Left _____ Right _____

Is there a Street on more than one side of the Lot? (Circle) Y N

Which Side(s)? (Circle all that apply.) Right Left Rear

Please provide the following:

1. **A location map (available from Robeson County Tax Department.**
2. **A sketch showing the lot layout, including all existing building(s) accesses/driveways, and any proposed new construction/additions. Please show setbacks from property lines.**
3. **For new construction, please provide a sketch showing the interior layout of the proposed building(s) or addition(s).**
4. **If located in Floodplain, provide copy of Floodplain permit from Robeson County.**
5. **If located in ETJ, provide one (1) copy of the Septic Tank Approval for new construction from Robeson County Health Department.**

For Official Use Only

Zoning Use Classification _____ Zoning District _____

Required Setbacks:

Lot Depth _____ Lot Width _____ Building Height _____

Front _____ Rear _____ Left _____ Right _____

Meet Standard Y N

Flood Hazard Zone Y N Base Flood Elevation _____

Nonresidential

Number of Parking Spaces Required _____ Meet Standard Y N

APPROVED BY: _____ DATE: _____

See Attached Letter for Additional Comments and Requirements

PLEASE ALLOW 5-7 DAYS FROM SUBMITTAL DATE FOR APPLICATION REVIEW