



CITY OF KINGS MOUNTAIN
NORTH CAROLINA

City of Kings Mountain Building and Zoning Enforcement
PO Box 429, 101 W. Gold St., Kings Mountain, North Carolina 28086
Phone 704 734 4599 Fax 704 730 2106

Request for Willingness and Capability to Serve Certification

To determine if the City of Kings Mountain has the willingness and capabilities to serve designated properties, the following information is needed:

Please complete the application and return with a vicinity map to the above address.

1. Address (if known): _____
2. Tax Map, Block, Lot Number: _____
3. Zoning Classification (If known): _____
4. Proposed Use of building or property: _____
5. Number of lots (if subdivision): _____
6. Name of engineer or person responsible for supplying information. This should include complete mailing address and telephone numbers.

7. Estimated water demand _____ GPD(gallons per day)
or _____ GPM(gallons per minute- per DHEC guidelines)
8. Estimated sewer discharge _____ GPD
9. Sewer Discharge: [] Industrial or [] Domestic
10. Estimated electrical load _____ 1 ϕ _____ 3 ϕ _____ Voltage

11. Estimated natural gas load _____CFH _____PSI

12. Fire protection _____fire loop _____sprinklers

13. No. Lots _____ No.Units _____Acres _____

Once we receive this application it will be forwarded to the following departments for verification and certification.

Electric Department for willingness and capability certification
Water/Sewer Department for willingness and capability certification
Gas Department for willingness and capability certification

The zoning enforcement department will also send a letter of zoning determination and compliance of the proposed development and existing conditions.

After you receive the above verifications and certifications your next step will be to submit site development plans, please include plan review fee in accordance with the attached fee schedule.

Official Use Only

Routing Status:

Date site development plans received: _____

Plan review fee paid: () Yes () No _____amount

Date of First TRC review: _____

Date of Second TRC review: _____

Date of any additional reviews and fees: _____ amount

Date to Council if required: _____

Date of Final Site Plan Approval: _____

Zoning Administrator

Subdivision Administrator (If Required)