



Tax Map/Block/Lot _____

Parcel# _____

ZONING PERMIT

EMAIL OR FAX TO PEGGY peggyh@cityofkm.com (F-704-734-4480) FOR APPROVAL PRIOR TO APPLYING FOR PERMIT THROUGH CODES DEPT

Owner/Applicant: _____ Phone: () _____

Mailing Address: _____

Subject Property Address: _____

Zone: _____ Corner Lot: _____ Thru Lot _____ Setbacks: Front _____ Side _____ Back _____
Abutting Street Side _____

Construction: Residential ___? **OR** Commercial ___? SFD ___ (stick built or mod) Duplex ___ Addition ___
Accessory Building ___ Deck ___ Porch ___ In-Ground Pool ___ Above Ground Pool ___ Fence ___
Other _____ ***THIS FORM NOT TO BE USED FOR SINGLEWIDE OR DOUBLEWIDE**

Describe the project above in detail _____

IF FENCE, WHAT TYPE AND HOW MANY FEET _____

Please indicate your proposed construction and meter locations on the plot diagram below:

	Square feet _____	Estimated Cost of project _____	
	BACK OF PROPERTY		
	SIDE OF PROPERTY		SIDE OF PROPERTY
	FRONT OF PROPERTY		

Applicant: _____ Date: _____

Approval: _____ Date: _____
Zoning Official

This is not a construction permit you must obtain a building permit prior to beginning any construction. This zoning permit will be voided after six months if not used.

ZONING PERMIT FEES ARE \$50.00 – CASH OR CHECK



CITY OF KINGS MOUNTAIN BUILDING INSPECTIONS

Phone (704) 734-4599 Fax (704) 730-2106 Email – tammy.scruggs@cityofkm.com

***ALL ACCESSORY STRUCTURES MUST HAVE ZONING APPROVAL (2 additional forms) PRIOR TO PERMITTING THROUGH CODES DEPT. ZONING FORMS CAN BE EMAILED / FAXED TO PEGGY FOR APPROVAL peggyh@cityofkm.com (F- 704-734-4480)**

***IF SEPTIC TANK IS ON PROPERTY, CLEV CO ENVIRONMENTAL HEALTH MUST APPROVE ALSO**

ACCESSORY BUILDINGS/STRUCTURES

Permit Number: _____ Project Cost: _____

Accessory Building ____ Inground Pool ____ Above Ground Pool ____
Hot Tub ____ Deck ____ Detached Carport ____ RPZ ____ Portable Spa ____
Pool House ____ Fence (need zoning form only) Pool Heater (Electric/Gas) ____ Other ____

Dimensions of Accessory _____ Square Footage _____

Job Description: _____

Owner Information

Name: _____ Phone: _____

Address: _____

Contractor's Information

Contractor: _____ License # _____

Phone # _____ Email _____

Address _____

Electrical Contractor: _____ License # _____

Phone # _____ Email _____

Address _____

Plumbing Contractor: _____ License # _____

Phone # _____ Email _____

Address _____

Mechanical Contractor: _____ License # _____

Phone # _____ Email _____

Address _____

The undersigned hereby certifies that he/she is either the owner of the property and/or the authorized agent of the owner and hereby makes this application valid for permitting and inspecting per the description of work provided to City of Kings Mountain as listed above. The applicant agrees to adhere to all applicable City of Kings Mountain ordinances and State laws while performing work pertaining to this permit.

Applicant's Signature _____ DATE _____