

BLADEN COUNTY BUILDING INSPECTIONS DEPARTMENT  
P O BOX 1076, 450 SMITH CIRCLE  
ELIZABETHTOWN NC 28337  
(910)862-6780

**BLADEN COUNTY ZONING PERMIT APPLICATION**

APPLICATION DATE: \_\_\_\_\_ TAX PARCEL ID# \_\_\_\_\_  
APPLICANT: \_\_\_\_\_ PHONE # \_\_\_\_\_  
OWNER'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
911 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(JOB SITE)  
CONTRACTOR'S NAME: \_\_\_\_\_ LICENSE#: \_\_\_\_\_  
CONTRACTOR'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
CONTRACTOR'S PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
MOBILE HOME: \_\_\_\_\_ MODULAR: \_\_\_\_\_ NEW HOUSE: \_\_\_\_\_ ADDITION: \_\_\_\_\_  
STORAGE BLDG: \_\_\_\_\_ GARAGE/CARPORT: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ OTHER: \_\_\_\_\_  
SEWER: PRIVATE \_\_\_\_\_ PUBLIC \_\_\_\_\_ (IF PRIVATE SEWER MUST PROVIDE SEPTIC TANK PERMIT APPROVAL)  
SEPTIC TANK PERMIT # \_\_\_\_\_ WATER: PRIVATE \_\_\_\_\_ PUBLIC \_\_\_\_\_  
SIZE OF MH: \_\_\_\_\_ COLOR OF MH: \_\_\_\_\_ YEAR OF MH: \_\_\_\_\_ COST OF MH: \_\_\_\_\_  
FLOOD PLAIN: YES \_\_\_\_\_ NO \_\_\_\_\_ **IF YES, MUST PROVIDE ELEVATION CERTIFICATE.**

IT IS UNDERSTOOD AND AGREED THAT THE ZONING PERMIT AND ZONING CERTIFICATES ARE ISSUED IN RELIANCE UPON THIS APPLICATION, THE SITE PLANS AND THE BUILDING PERMIT APPLICATION. IF ANY FALSE OR MISLEADING INFORMATION IS FOUND TO EXIST THEREIN, THE ZONING PERMIT AND COMPLIANCE CERTIFICATE ARE VOIDABLE BY THE ZONING ADMINISTRATOR. ALL ZONING AND BUILDING CODE REQUIREMENTS INCLUDING SETBACKS MUST COMPLY WITH ALL APPLICABLE STATE BUILDING CODES AND COUNTY ZONING ORDINANCES.

**FEES:**

**ZONING FEE: \$25.00**

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE NATIONAL ELECTRICAL CODE, THE STATE BUILDING CODE, AND OTHER APPLICABLE STATE AND LOCAL LAWS AND ORDINANCES AND REGULATIONS. I UNDERSTAND THAT THIS IS NOT AN AUTHORIZATION TO BEGIN WORK. WORK MAY ONLY COMMENCE AFTER APPROVAL AND ISSUANCE OF THE PERMIT. RE-INSPECTIONS FEES ARE CHARGED AT \$25.00 PER TRIP AFTER 2<sup>ND</sup> INSPECTION. ALL PERMITS ARE SUBJECT TO DOUBLE FEES IF NOT PURCHASED BEFORE WORK BEGINS.

\_\_\_\_\_  
PRINTED NAME OF OWNER OR QUALIFIER      SIGNATURE OF OWNER OR QUALIFIER      DATE  
State of North Carolina  
County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, do hereby certify that  
\_\_\_\_\_ (name OWNER OR QUALIFIER(s) whose acknowledgment is  
being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary's Name printed

My commission expires: \_\_\_\_\_