CITY OF CHARLOTTE
APPLICATION FOR ZONING USE PERMIT

ALL YELLOW AREAS MUST BE COMPLETED ***PRESS FIRMLY***

LOCATION/OWNER

STREET # (N,S,E,W) STREET NAME (AV,RD,ST, etc)

PERMIT #

SUITE/UNIT(S): **TAX PARCEL #** **PROJECT #**

PROPERTY OWNER ADDRESS

CITY STATE ZIP PHONE #

APPLICANT'S NAME / CONTRACTOR ADDRESS

CITY STATE ZIP PHONE #

CONTRACTOR ACCOUNT # **PLACARD ISSUED:** ■No ■Yes **TOTAL FEE $**

PREVIOUS USE INTENDED USE

BUSINESS NAME

ZONING

ZONING: BUILDING DIMENSIONS: WIDTH x DEPTH HEIGHT

MINIMUM SETBACKS: FRONT LEFT SIDE RIGHT SIDE REAR REQ. PARK'G

LAND AREA / ACRAGE (sq. ft.) SWIM BUFFER: ■No ■Yes HOLD REQUIRED: ■No ■Yes

WATERSHED: ■No ■Yes SURVEY REQUIRED: ■No ■Yes TREE SAVE: ■No ■Yes

REMARKS / CODE SECTION:

EDEE ONLY: OUTDOOR SEATING / ACTIVITY AREA ■No ■Yes

OUTDOOR SEATING / ACTIVITY AREA OPEN 11:00 PM TO 8:00 AM? ■No ■Yes CLASS A BUFFER REQUIRED? ■No ■Yes

OUTDOOR SEATING / ACTIVITY AREA MEETS ■100 FT. ■250 FT. ■400 FT. SEPARATION TO SINGLE FAMILY DISTRICT.

INTENDED USE

PERMITTED INTENDED USE

- ☐ ABC INSPECTION - USE
- ☐ ABC INSPECTION - FOR EDEE USE (12.546) (COMPLETE ABOVE)
- ☐ ACCESSORY STRUCTURE (12.106) (MUST ADD DIMENSIONS ABOVE)
  - DESCRIPTION
- ☐ ADULT CARE HOME (12.502)
- ☐ AMATEUR RADIO FACILITY (12.108(10)) - TOTAL HEIGHT
- ☐ BOARDING HOUSE (12.520)
- ☐ CHANGE OF ZONING USE
  - APPROVED USE
- ☐ CHILDCARE CENTER IN RESIDENCE (12.502) (6-12 CHILDREN)
- ☐ FAMILY CHILDCARE HOME (12.502) (1-8 CHILDREN)
- ☐ GROUP HOME (12.517)
- ☐ LAND USE
- ☐ MOBILE CAR WASH (B-2, I-1 OR I-2) (TEMPORARY - UP TO 90 DAYS)
- ☐ MOBILE FOOD TRUCK 1 (12.510)
- ☐ MOBILE FOOD TRUCK 1 - SPECIAL (12.510)
- ☐ MOBILE FOOD TRUCK 3 (12.510)
- ☐ MOBILE FARMERS MARKET (12.547)
- ☐ OFF-SITE DEMOLITION LANDFILL (12.503)
- ☐ ON-SITE DEMOLITION LANDFILL (12.405)
- ☐ OUTDOOR FRESH PRODUCE STAND (12.539)
- ☐ OUTDOOR SEASONAL SALES (12.519)
- ☐ PARKING
- ☐ PERIODIC RETAIL SALES EVENT- OFF PREMISE (12.534) (14 DAY)
- ☐ PERIODIC RETAIL SALES EVENT- ON PREMISE (12.535) (4 DAY)
- ☐ TENT (TEMPORARY - UP TO 90 DAYS) (ENDS)
- ☐ TEMPORARY CONSTRUCTION TRAILER
- ☐ OTHER

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPROVAL MAY BE REQUIRED FROM OTHER AGENCIES PRIOR TO ISSUING A PERMIT. THIS PERMIT WILL EXPIRE IF WORK HAS NOT STARTED AND INSPECTED WITHIN 6 MONTHS, OR IF WORK HAS BEEN DISCONTINUED FOR A PERIOD OF 12 MONTHS. A SEPARATE PERMIT WILL BE REQUIRED FOR SIGNS ERECTED, IF APPLICABLE. NO REFUNDS WILL BE PROCESSED AFTER ISSUANCE OF THIS PERMIT.

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY / DATE	
EMERALD RQ #	

Make checks payable to:
CITY OF CHARLOTTE
C/O Planning - Zoning & Permitting Division
2145 Suttle Avenue
Charlotte, NC 28208

METHOD OF PAYMENT
☐ CASH/CHECK ☐ ACCOUNT

ORIGINAL-White INSPECTOR-Blue CUSTOMER-Yellow

CHARLOTTE.

PLANNING DESIGN & DEVELOPMENT

ZONING / PERMITTING

Owner's Verification of Occupancy

I _____, as the legal owner or occupant/agent of the property located at
(Legal Name)

_____, further identified as tax parcel number _____, do hereby
(Address) *(Parcel ID Number)*

authorize the following individual or company _____ to utilize said property for the
(Legal Name or Business Name)

purpose of obtaining Zoning approval for approved zoning activities as outlined in all county and city regulations. The proposed use submitted for approval is for:

- ☐ Mobile Car Wash (90 days)
- ☐ Outdoor Fresh Produce Stand (365 days)
- ☐ Periodic Retail Sales Event – Off Premise (14 days)
- ☐ Outdoor Seasonal Sales (90 days)
- ☐ Parking for Commercial Vehicle
- ☐ Other: _____

Agreed upon and signed on this _____ day of _____, 20___.

_____	*OR*	_____
Property Owner Signature		*Occupant or Agent Signature*
_____		_____
Property Owner (PRINT)		*Occupant or Agent Name (PRINT)*
_____		_____
Address		*Address*
_____		_____
City / State / Zip		*City / State / ZIP*
_____		_____
Phone Number		*Phone Number*

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____day of_____ 20_____.

Witness:

_____
Notary Public

_____
Date

My commission expires: _____

A copy of this form will not be accepted. The original notarized copy must be submitted at time of permit application.

PLANNING DESIGN & DEVELOPMENT
ZONING / PERMITTING

Verificación Ocupacional de Propietario

I _____ propietario legal / habitante de la propiedad ubicada en

_____, también identificada como número de parcela de impuestos _____, hago presente que autorizo a la siguiente persona o compañía _____ de utilizar dicha propiedad con el propósito de obtener aprobación de Zonificación de dichas acvitidades como está especificado en todas las regulaciones del Condado de Mecklenburg y la Municipalidad de Charlotte. El uso propuesto presentado para aprobación de Zonificación es para:

- ☐ Comisariado de Unidad Móvil de Comida
- ☐ Lavado de Carros Móvil (temporal – hasta 90 días)
- ☐ Venta de Comida Móvil (30 días) 12.510
- ☐ Puesto de venta de frutas y verduras (12.539)
- ☐ Venta Temporal al Aire Libre (12.519) (90 días) Navidad y Halloween por ejemplo.
- ☐ Estacionamiento / Parkeadero de vehículos comerciales
- ☐ Ventas Periódicas – (permiso por 14 días, puede renovarse hasta 6 veces) (12.534) . Por ejemplo venta de flores periódicamente.
- ☐ Otros_____

Acordado y firmado el día _____ del mes _____ 20___.

_____		_____
Firma de Propietario	*O*	*Firma de Arrendador*
_____		_____
Propietario (nombre)		Arrenador & Nombre del Negocio
_____		_____
Dirección		*Dirección*
_____		_____
Ciudad/Estado/Código Postal		Ciudad/Estado/Código Postal
_____		_____
Numero de Teléfono		*Numero de Teléfono*

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____day of_____ 20_____.

Witness:

_____
Notary Public

_____
Date

My commission expires: _____

MECKLENBURG COUNTY
Land Use and Environmental Service Agency

Date:_____

Phone # (where we can reach you) _____

Name: _____

Address: _____

_____

CARD EXP DATE: _____

Printed Name: _____

Signature: _____

(Choose one only)

I,_____, give Mecklenburg County Revenue Collection Department permission to charge $_____, To my (Visa/MC/Discover)_Visa_____for payment to the following Acct #_____.

I,_____, give Mecklenburg County Revenue Collection Department permission to charge $_, To my (Visa/MC/Discover)__Visa_____for payment of estimated upfront fees for Project #_____.

PLEASE DO NOT WRITE CREDIT CARD NUMBER ON THIS FORM

PEOPLE PRIDE PROGRESS PARTNERSHIPS
2145 Suttle Avenue Charlotte, North Carolina 28208-5237 (980) 314-2633 Fax (877) 289-9718
Luesa-sf@mecklenburgcountync.gov