



Buncombe County Planning and Development

CERTIFICATE OF ZONING COMPLIANCE (MSD no Overlays)

Call (828) 250 – 4858 to schedule a Zoning Inspection 2 business days prior to obtaining a Final Building Inspection

Certificate of Zoning Compliance for (a building)(land) located in the _____ zoning district at the following tax parcel identification number (PIN) _____ **and address:** _____.

Building Type: Main Structure Accessory Structure

Permit requested for: New Building/Structure Renovation/Remodel/Upfit Addition

The building/land is to be used for: Single Family Residence Multi-Family Residence

Commercial/Industrial/Other, please describe: _____

Are there other buildings present on the parcel? No Yes, Please describe: _____

Type of construction: _____

Placement of structure:

Number of stories: _____

Distance to road right of way(s) and front yard: _____

Building height: _____ feet

Distance to side lot line(s): _____

Number of dwelling units: _____

Distance to rear lot line: _____

Building area in square feet: _____

Gated/Restricted Access?

Lot Size: _____

No Yes, Gate Entry Code: _____

All above ground portions of the structure, including but not limited to decks, stairs, overhangs (which extend 24 inches or greater outside of the footprint of the structure), and other attached heated or unheated spaces must meet the dimensional requirements of the Ordinance (as set forth below). Setbacks are measured perpendicular from the plane of the building or structure out to the closest property line or road right-of-way (except as otherwise provided in the Beaverdam Zoning District). Any structure abutting two or more highways, roads, or streets shall maintain minimum "front yard" setbacks on any side of the structure which abuts a street, road, or highway. The location of the primary entrance of the structure, as determined by the Zoning Administrator, shall be considered the front, and shall also maintain minimum "front yard" setbacks. *A plan of the proposed building (drawn to scale) may be required as a part of this application.*

Are you constructing a retaining wall on the property? No Yes, with a height of _____ feet

OFFICE USE ONLY:
Minimum required distance to:
Road right-of-way(s) and front yard: _____ Side lot line(s): _____ Rear lot line: _____
Maximum Building Height: _____
Special Conditions and Notes: _____

Name of applicant (person signing form): _____

Mailing address: _____

Telephone Numbers: _____

The undersigned hereby certifies that he/she is the owner, contractor, or authorized agent of the owner, and the above information is correct to the best of his/her knowledge and hereby makes application for a certificate of zoning compliance. Any information given herein that is incorrect will cause this certificate to become null and void. Any changes made to the initially reviewed building permit inclusive of structural design, change in use, placement of the structure, or contact information must be provided by the applicant to the Planning Department immediately and may require additional approval.

Signature of **applicant:** _____ Date: _____

OFFICE USE ONLY:
Received by: _____ Date: _____ ZON _____ - _____
BLD _____ - _____
6/30/2011

