City of Bessemer City Zoning Permit Application

132 West Virginia Avenue, Bessemer City, NC 28016
Phone: 704-629-5542 Fax: 704-629-2237 Web Address: www.Bessemercity.com

Permit Type
(✔ **Only One**)

New Principal Structure	
Principal Structure Upfit (Addition)	
New Accessory Structure	
Accessory Structure Upfit (Addition)	
Change of Principal Use	
Sign (Submit size & location details)	
Other (Submit detailed description)	

Proposed Land Use
(✔ **All That Apply**)

Residential	Single-family	
	Multi-Family	
	Duplex	
	Other	
Commercial	Proposed Use:	
Industrial	Proposed Use:	
Other	Proposed Use:	

Applicant Information: Owner ☐ Contractor ☐ Other ☐

Property Owner Name: Phone #:

Street Address: City, State, Zip:

Applicant Name: Phone #:

Applicant Address: City, State, Zip:

Lot Information

Property Location: Lot #: Parcel ID Number:

Subdivision: Phase: Flood Zone: **Yes** **No**

Structure Dimensions: Square Footage: Projected Project Cost: $

Lot Width Front: Width Rear: Length: Corner Lot: **Yes** **No**

Structure Type or Purpose:

Zoning Requirements for the ☐ District, Jurisdiction: ☐

Required	Dimension	Proposed
	Front Setback	
	Rear Setback	
	Left Side Setback	
	Right Side Setback	
	Building Height	
	Minimum Lot Area	
	Building Line Width	

A SITE PLAN must be attached clearly showing the following:

- The location and dimensions of all boundaries of the lot
- The location and exact dimensions of all existing and proposed structures and improvements
- Front, Rear & Side Setbacks measured from the right-of-way
- Any additional information required by Zoning Administrator

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I HEREBY CERTIFY that all of the information provided for this application and all attachments are true and correct to the best of my knowledge. I further certify that I am familiar with all requirements of the Unified Development Ordinance (UDO) concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the City of Bessemer City.

APPLICANT SIGNATURE: **DATE:**

RECEIVED BY: **DATE:**

Zoning Administrator

(Approved or Denied) **Permit #:** **Date:** / / **Fee Total:** $

City or Well Water: ☐ City Sewer or Septic: ☐