



APPLICATION FOR ZONING COMPLIANCE PERMIT
PLEASE TYPE OR PRINT

APPLICATION NUMBER: _____

SUBMIT TO: TOWN OF ROBBINS
PO BOX 296
ROBBINS, NC 27325

1. Applicant: _____
2. Address: _____
3. Phone Number: _____
4. Owner of Property: _____
5. Address: _____
6. Phone Number: _____
7. Location of Property: _____
 - a. Street & House: _____
 - b. Township: _____
 - c. LRK #: _____
 - d. Deed Book & Page #: _____
8. Acreage of Property: _____
9. Present Zoning: _____

10. Additional Information: _____

Attach two (2) copies of a plan or map showing the following in sufficient detail to enable the Zoning Administrator to ascertain whether the proposed activity is in conformance with the zoning ordinance.

SUCH PLAN OR MAP SHALL:

1. Be: (a) In black and white (b) on 8 ½ X 11" paper (c) drawn to scale
2. The shape and dimensions of the lot on which the proposed building or use is to be erected or conducted
3. The location of said lot with respect or adjacent right-of-way
4. The shape, dimensions, and location of all buildings, existing and proposed, on the said lot
5. The nature of the proposed use of the building or land, including the extent and location of use on the said lot
6. The location and dimensions of off-street parking and loading space and the means of ingress and egress to such space; and
7. Any other information which the Administrative Officer may deem necessary for consideration in enforcing the provisions of the Ordinance.

A fee, set by the Town of Robbins Board of Commissioners, shall be charged for the processing of such application. The adopted fee schedule shall be posted in the Town Clerk's Office.

The following acreage/scale comparisons will give the applicant an idea about the scale needed to show various sized parcels on 8 ½ X 11" paper.

10 acres or less - 1" = 400'

Between 10 acres and 30 acres - 1" = 600'

30 acres or more - 1" = 1000'

11. The proposed building/mobile is to be used for: _____

12. Accessory Building: _____

13. Other: _____

I, hereby certify that I, the undersigned, making an application on behalf of and with the full authority of _____ Owner(s), of property and that the statements herein are true and correct to the best of my knowledge.

Applicant

Date

Office Use Only:

Date Received: _____

Date Approved: _____

Approved By: _____

Zoning Permit Number: _____

Section 170. Building Setback Requirements

(a) Subject to Section 171 and Section 172 and the other provisions of this section, no portion of any building or any freestanding sign may be located on any lot closer to any lot line or to the street right-of-way line or centerline than is authorized in the table set forth in this section.

Table: Building Setback Lines

Zoning District	Front Yard	Side Yard	Corner Side Yard	Rear Yard
RA-40	50	15	25	35
RA-20	30	15	25	25
R-20	30	20	30	30
R-10	30	20	30	30
R-8	25	10	25	25
CBD	0	0 20		10
TBD	50	15* 10**		25 15
I	15	15		20
WP	50	25	50	25