

# **Development Permit Application Submittal Checklist**

This checklist indicates the minimum items required for this permit application to be considered complete. Please **initial** each item in the following checklist. **Write** N/A for items that are not applicable.

Applicant Initials	Required component of complete application	Staff Initials
	(1) Applicant logged in (Station outside of the Inspection Department)	
	(2) Development Permit Application is filled out completely.	
	(3) Original signatures are included. Copies not accepted.	
	(4) Site/plot plan, drawn to scale, is included showing all existing and planned improvements, lot lines, setbacks, and access to right-of- way.	
	(5) Full survey by licensed surveyor is included showing all existing and planned improvements, lot lines, setbacks, and access to right-of-way.	
	(6) Addition specifications and plans are included, if applicable.	
	(7) All impervious surfaces are indicated in site/plot plan	
	(8) I have read and understand the entire Development Permit Application.	

I understand that no application will be held that is considered incomplete. If found to be incomplete it will be returned to me to make the corrections before it will be reviewed or considered. All information contained in this Development Permit Application is complete and accurate to the best of my knowledge and ability.

Applicant Signature:	Date:
Print Name:	

## CITY OF DUNN Development Permit Application

Please attach a plot plan that includes the following: lot lines and dimensions, location and size of all existing and proposed buildings, distance from each building to property lines, all driveway entrances, parking and loading areas, all existing landscaping (generally).

#### TO BE COMPLETED BY THE PROPERTY OWNER

Property Owner Contact Inform	nation			
Applicant's Name:				
Applicant's Contact Telephone	Number: (			
Applicant e-mail:			-	
Applicant Address:				
Property Address Information				
Property Address:				
County PIN:		.000		
Dimensions of the Parcel:				
Width:	Depth:	Square Feet:	Acreage:	

	Description of Structure on the Parcel  Current Use and Proposed Use						
	Curre	nt Use		Propo	sed Use		
Use	Sq. ft of structure	Business name if applicable	Use Sq. ft of structure Business name if applicab				
Residential			Residential				
Commercial			Commercial				
Office			Office				
Vacant			Vacant				
Other			Other				

Existing Buildings on Parcel						
Building	Width	Depth	Current Use			
Building 1						
Building 2						
Building 3						
Vacant						
# of existing parking spaces =						

Proposed Project					
	New Construction				
	Fence: Select locationFront Side Rear Street side				
	Use of Existing Structure				
	Modification of Existing Structure				
	Addition to Existing Structure				
Additional Building					
Dimensions of New Construction: Width: Depth:					

	Connection to Utilities								
Yes	Yes No <b>Utility</b> Yes No <b>Utility</b>								
		Electricity							
		Dunn water			Private well				
Dunn sewer Private septic system									
	Storm water System Harnett County water								
	Natural gas								
Square feet of New Construction:									

#### **Owner Certification**

I hereby certify that I am the owner of the above identified property, that the information shown above and shown on the attached plot plan is correct and complete to the best of my knowledge. I understand that all decisions rendered will be based on and enforced according to this information. I understand that this permit, if granted, is issued on the basis of the information supplied by the owner and that this permit may be revoked in the event of any breach of representation or conditions.

Property Owner Signature:	
Please print name:	
Date:	

### To Be Completed by the Zoning Official

Current Zoning Classification	
Required Lot Size	
Required front yard setback	
Required rear yard setback	
Required side yard setback	

Food Plain Determination			
Property is not located in a flood plain.			
Property is located in flood plain, development is not			
Development is located in a designated flood hazard area.			
FIRM Panel Number: Date of FIRM Panel:			

Parking Spaces	
Number Required	
Number provided	

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## Staff Review

Approved	Denied	An	nount		Receipt #
Staff Signature:				_ Date:	
Printed Name:				-	
Special condition	n s				