ZONING PERMIT APPLICATION

Complete this application in compliance with Articles VIII and Article IX of the Unified Development Ordinance. This is NOT an application to petition for a zoning classification change (i.e. rezoning). Zoning Permits are required for all new and existing businesses when a new location for the business operation/use is proposed. In order to ensure that the proposed business operation and land use are permissible and all development standards comply with City regulations, the applicant is recommended to review the City of Elizabeth City’s Unified Ordinance; the Ordinance may be accessed at http://www.cityofec.com.

The Zoning Permit application fee is $100.00. This fee does not include the cost of the business registration, sign permit or construction permits. All fees are non-refundable and non-transferrable once the application has been processed. Applications will not be reviewed unless fees have been paid in full.

All application petition responses must be typed or handwritten in blue or black ink. All responses must be legible and filled out completely. Illegible and/or incomplete applications will be returned to the applicant. Applications are not accepted via facsimile or email. Submit the completed application and business registration application, with supporting documents, and fees to the City of Elizabeth City Planning Department via delivery or U.S. Mail. Allow at least 3-5 business days for review and processing of all applications.

Depending on the nature of your business operation and land use, a prospective proprietor may require additional review and authorization from City and non-City agencies before being issued a Zoning Permit and Business Registration. For more information, consult the City of Elizabeth City Customer Service New Business Guide or by calling the Planning Department at (252) 337-6672.

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION
INCOMPLETE & ILLEGEABLE APPLICATIONS WILL BE RETURNED
INDICATE ‘NOT APPLICABLE’ OR ‘N/A’ WHERE APPROPRIATE
SECTION A – APPLICANT INFORMATION

Business Owner’s Name: ________________________________
Street Address: ________________________________
City/State/Zip Code: ________________________________
Phone Number(s): ____________________________ (Daytime) ____________________________ (Alternate)
Email Address: ________________________________
Signature: ________________________________

SECTION B – PROPERTY & BUSINESS INFORMATION

1. Landowner’s Name: ________________________________
2. Property Address: ________________________________
3. Parcel ID(s) (12-digit): ________________________________
4. Zoning Classification: ___________ Overlay District (if applicable): ________________________________
5. Tax Map Number ___________ Block: ___________ Lot: ___________
6. Location: This property is located on the ___________ (direction) side of ___________ (street) between ___________ (street) and ___________ (street).
7. Existing Structure: Yes ( ) No ( ) Area (in square feet) of structure/unit: ___________
8. No. of Parking Spaces Provided: ________________________________
9. Outdoor Storage and Trash Receptacle On-Site: Yes ( ) No ( ) If yes, where is it/are they located and indicate type of screening? ________________________________
10. Name of Business: ________________________________
11. Proposed Use/Description of Business Operation:__________________________

12. Standard Industrial Classification (SIC) Code (4-digit):__________________________

13. Total Number of Employees on largest shift (include Full- and Part-time):________

   o For Child and Adult Daycare Operations, complete the following:
     a. Indicate the type of daycare facility (Child or Adult):__________________________
     b. Number of children or adults to be cared for: ______________________________
     c. Has fencing been installed around the outdoor play areas? ___Yes ___No

   o For Barber/Beauty Salon Operations, complete the following:
     a. How many barbers, stylists, and/or technicians will be employed? __________
     b. How many chairs and/or work stations will be located at the business? __________

   o For Food Service Operations, complete the following:
     a. Have you contacted the Elizabeth City Department of Public Utilities regarding the Fats, Oils, and Grease Disposal program? ___Yes ___No
        If yes, provide documentation that the business location has been inspected and approved by the Sanitation Superintendent.
     b. Have you contacted the Albemarle Regional Health Division of Environmental Health Services or the Consumer Services Food and Drug Protection Division of NC Department of Agriculture regarding your food service operation? _____Yes _____No
        If yes, provide documentation that the business location has been inspected and approved by the respective agency.
     c. Number of seats that will be provided ____________________

   d. For Mobile Food Units Located Outside of the Central Business District:
      • Unit must be totally self-contained
      • Provide a site plan showing the minimum 30’ setback from the street
      • Provide notarized authorization from the land owner for use of the land
      • Has the mobile food unit been approved by the Albemarle Regional Health Division of Environmental Health Services? _____Yes _____No

      • Overnight parking is prohibited
SECTION C – AUTHORIZATION

NOTE: IF THE PERSON REQUESTING THE CITY OF ELIZABETH CITY, TO TAKE ACTION ON A PARTICULAR PIECE OF PROPERTY IS NOT THE OWNER OF THE PROPERTY, OR UNDER CONTRACT TO PURCHASE, THEN THE ACTUAL OWNER OF THE LAND MUST COMPLETE THIS FORM WITH HIS/HER SIGNATURE NOTARIZED. IF THE PROPERTY OWNER IS THE APPLICANT PLEASE COMPLETE THE SECTION BELOW AND SIGN AS INDICATED.

I, ____________________________ (LANDOWNER’S NAME) am the owner of the property located in the Elizabeth City planning jurisdiction at:

Street Address: ____________________________

I hereby authorize ____________________________ (APPLICANT’S NAME) to apply with my consent for a Zoning Permit at the above noted location. I understand this business is not to be operated until a ZONING PERMIT is issued. I authorize the applicant to present this application in my name as the owner of the property. I hereby authorize City Officials to enter my property to conduct relevant site inspections as deemed necessary to process the application. All information submitted and required as part of the approval process shall become public record. I, as the land owner, hereby CERTIFY THAT THE INFORMATION CONTAINED HERIN IS TRUE TO THE BEST OF MY KNOWLEDGE; AND BY ACCEPTING THIS permit, if approved, shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in City of Elizabeth City. Any VIOLATION of the terms above stated immediately REVOIDES this Permit and the maximum penalties allowed by law may apply to me, the applicant, and/or my agent. If there are any questions, you may contact me at:

Street Address: ____________________________
City/State/Zip Code: ____________________________
Phone Number: ____________________________
Email Address: ____________________________
Owner’s Signature: ____________________________

________________________________________

Sworn to and subscribed before me, this the _____ day of ____________, 20____.
_____________________________________

Notary Public
My commission expires: ____________________________ [SEAL]
FOR STAFF USE ONLY – DO NOT WRITE IN THIS AREA

Property Ownership and Authorization Verified: _____ Yes _____ No

Current Zoning Verified As: ________________________________

No. of On-Site (Off Street) Parking Spaces Verified As: ________

No. of On-Site (Off Street) Parking Spaces Required: _________

Dumpster/Trash Receptacle On-site Location: ________________________________

  Screened? Yes: _____ No: _____

  Additional Screening (if necessary) ________________________________

SIC Verified As: ________

Outside Agency (ARHS, Public Works, etc.) Authorizations Noted and Verified: _____ Yes _____ N/A
If yes, append copies to file.

Required Site Improvements, if any: ______________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

DO NOT RELEASE PERMIT UNTIL ALL SITE IMPROVEMENTS ARE COMPLETED

Permit Conditions, if any: ______________________________________________

_____________________________________________________________________

_____________________________________________________________________

Permit Notes and Comments:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Date Application Review Completed ________________________________