



TOWN OF BLOWING ROCK ZONING PERMIT APPLICATION

Department of Planning and Inspections
PO Box 47, Blowing Rock, North Carolina 28605
828-295-5240 Fax 828-295-0357

www.TownOfBlowingRock.com email: Planning@TownOfBlowingRock.com

Boxes checked by staff indicate to be completed by applicant. Fill in all blanks. Enter N/A if not applicable.

GENERAL INFORMATION

Pin# _____

Project Name _____ Zoning District _____

Project Location _____ Phone _____

Property Owner _____

Property Owner Mailing Address _____

ZONING PERMIT

Application for: New Construction Change in Use Interior Renovation

Addition Other _____

Previous Use _____ Proposed Use _____

Existing Building Sq. Footage _____ Proposed Bldg. Sq. Footage _____

Existing Height _____ Proposed Height _____

Description of Improvements _____

Estimated Project Cost \$ _____ Stream on or near property? Yes No

(CONTINUED ON REVERSE SIDE)

GRADING COMPLIANCE

Person responsible for land disturbing activity: _____

Address: _____

Phone # _____ Mobile Phone # _____

Size of disturbed area: _____ Square Feet or _____ Acres

A GRADING PLAN MUST BE ATTACHED

Checklist of Basic Plan Elements:

- Contours (existing and proposed)
- Drainage, structures, culverts, etc.
- Narrative explaining timing, and grading and construction sequence
- Erosion Control Measures

FLOODPLAIN COMPLIANCE

Is there a stream on the property? () YES () NO
Does project include a stream crossing? () YES () NO Culvert? _____ Bridge? _____ Other? _____
Is property in a Special Flood Hazard area? () YES () NO Zone? _____ Panel? _____
Is property in a Floodway Zone? () YES () NO
Will project involve a stream channel relocation? () YES () NO
Are there any Wetlands on project site? () YES () NO

Agencies Notified: Corps _____ NC DWQ _____

Upon issuance of this permit, I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Mailing Address of Applicant _____

Phone# _____ Mobile Phone# _____ Fax# _____

STAFF USE ONLY

Zoning Permit:# _____ \$ _____ Date _____ Receipt/Check # _____