

ZONING PERMIT

Town of Princeton
 PO Box 67
 503 Dr. Donnie H. Jones Jr. W.
 Princeton, NC 27569
 (919) 936-8171



Permit Number:	
Issue Date:	
Fee(s):	

Check ALL that Apply: Rezoning Spl Use Per (SUP) Accessory Bldg/Structure Swimming Pool
 New Construction Multi Family/Duplex Other: _____

APPLICANT AND SITE INFORMATION

Property Parcel/ID #:		Property Address:	
Commercial or Residential?	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Business Name:	
Business Owner:			
Business Owner Address:			
Business Owner Email Address:		Business Owner Phone:	
Area in SQ FT:		Parking Spaces (#)	
Property Owner(s):			
Property Owner Mailing Address:			
Property Owner Email Address:		Property Owner Phone:	
Applicant Name:			
Applicant Mailing Address:			
Applicant Email:		Applicant Phone:	

ZONING INFORMATION

Current Zoning	Front Setback (Min)	Side Setback (Min)	Rear Setback (Min)	Street Side:
Within 100 Yr Floodplain?	Stormwater Detention Required?		Site Plan Required?	
Town or ETJ?	Proposed Use:	Rezoning/Change in Use	Spl Use Permit	SUP File #:
SUP Approval Date:	Town to Supply: WATER SEWER BOTH NONE If not supplied by the Town, provide source _____			

COMMENTS AND CONDITIONS APPROVAL: 1.) ZONING PERMIT ONLY. BUILDING PERMITS TO BE ISSUED BY JOHNSTON COUNTY BUILDING INSPECTIONS. 2.) PROJECT SHALL BE BUILT IN ACCORDANCE WITH ATTACHED SITE PLAN AND/OR SIGN DRAWINGS. 3.) PROJECT SHALL BE CONSTRUCTED IN ACCORDANCE WITH ALL TOWN OF PRINCETON REGULATIONS AND STANDARD DETAILS AND SPECIFICATIONS.

SIGNATURE BLOCK

THE APPLICANT AGREES TO COMPLY WITH ALL BUILDING AND ZONING REGULATIONS AND OTHER LAWS APPLICABLE TO THE USE OF THIS STRUCTURE AND FACILITIES REFERENCED TO HEREIN. THE PERMIT INSURED FOR WORK SHALL EXPIRE BY LIMITATION SIX MONTHS AFTER THE DATE OF ISSUANCE IF THE WORK AUTHORIZED HAS NOT BEEN COMMENCED. IF AFTER COMMENCEMENT THE WORK IS DISCONTINUED FOR A PERIOD OF 12 MONTHS, THE PERMIT THEREFORE IMMEDIATELY EXPIRES. NO WORK AUTHORIZED BY A PERMIT THAT HAS EXPIRED SHALL THEREAFTER BE PERFORMED UNTIL A NEW PERMIT HAS BEEN SECURED. I UNDERSTAND AND ACCEPT THE TERMS OF THIS PERMIT.

Owner Signature:		Date:	
Print Name:			
Approved By:		Date:	

Signed & Completed Forms May Be Emailed to Permits@MyPrincetonNC.com or Dropped Off at the Town Hall