

# TOWN OF BUNN ZONING PERMIT

Permit #: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home/Bus. Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

Current Zoning: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_  
Parcel #: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home/Business Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

**IMPORTANT: Please attach site plan or use back to show lot and distance from property lines and size of structure existing and proposed.**

**TYPE OF PERMIT (check all that apply)**

- New Construction
- Demolition
- Renovation
- Sign
- Fence
- Parking or Driveway

**Existing Site Condition or Use**

\_\_\_\_\_  
\_\_\_\_\_

**Proposed Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Certification**

I certify that all of the statements made in this application and any attached documentation are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in the rejection of this permit or subsequent revocation. Authorized town officials are granted right of entry to make evaluations or inspections as to compliance and to release information upon public request. I understand that State and County permits may be required prior to occupancy of requested use. I further understand the Certificate of Compliance shall be required and issued by the Town of Bunn prior to the county issuing a certificate of occupancy and/or commencement of the proposed use.

\_\_\_\_\_  
Signature of Applicant/Owner/Agent

\_\_\_\_\_  
Date

\*\*\*\*\*FOR OFFICIAL USE ONLY ----- Applicant should not fill out anything below this line\*\*\*\*\*

**Utility Requirements**

Water: Well \_\_\_\_\_ Water: Town \_\_\_\_\_

Sewer: Septic \_\_\_\_\_ Sewer: Town \_\_\_\_\_

**Yard (Setback) Requirements**

Front \_\_\_\_\_ Rear \_\_\_\_\_

Side \_\_\_\_\_ Corner Lot \_\_\_\_\_

**Requests Requiring Zoning Board Approval (check all that apply)**

\_\_\_ Variance

\_\_\_ Conditional Use

\_\_\_ Special Use

Zoning Board Approval \_\_\_\_\_ (if required please record date / \_\_\_\_\_).

Town Council Approval \_\_\_\_\_ (if required please record date / \_\_\_\_\_).

This permit is issued pursuant to information contained herein and provided by the owner and or agent. Information determined to be false or failure to comply with all appropriate Statutes, Codes and Regulations may result in the immediate revocation of this permit.

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

Special Requirements/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_