



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT
P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002, ext. 303
Fax: (828)669-3810
www.townofmontreat.org

ZONING COMPLIANCE APPLICATION AND CERTIFICATE

Project Address:
PIN#:
Parcel Tax ID Sheet #: Lot#: Private Lot #:
Owner Name:
Mailing Address:
City: State: ZIP:
Owner Phone: E-mail:
Contractor/Agent Name:
Contractor/Agent Mailing Address:
City: State: ZIP:
Contractor/Agent Phone: License #:
Contractor/Agent E-mail:
Short description of proposed project and intended use:

Special Conditions, C.U.P. or Variance Granted? [] Yes (see attached) [] No

This is to certify that I, the Owner/Contractor/Agent, am aware of the zone the lot is in, the purpose for which the zone is used, the minimum setbacks for the lot, the maximum building height, the off-street parking requirements and the fact that drainage during and after construction is m responsibility. These plans conform to the Town of Montreat's present Zoning Ordinance. The contractor shall protect adjacent properties and the general public and shall be responsible for all damages that occur during construction. Driveways are NOT automatically included in the zoning and building permits.

Signature of Owner/Contractor/Agent

Date

This is to certify that I, the Code Administrator for the Town of Montreat, North Carolina, have reviewed the attached plans and hereby deem the intended use of the structure and/or lot to be in full compliance with the Zoning Ordinance of the Town.

Signature of Code Administrator

Date

FOR OFFICE USE ONLY

Permit Fee: \$ Cash: \$ Check #: Date Paid: