

ZONING APPLICATION

NORTH TOPSAIL BEACH

2008 Loggerhead Court
North Topsail Beach, NC 28460
Telephone: (910) 328-3186

Please Fill out Completely

Owners' Name: _____ Mailing Address: _____

Project Address: _____

Signature/Date: _____ Telephone No.: _____

Project Use: _____ Tax Parcel ID No.: _____

Foot Print of Structure: _____ No. of Units: _____ No. of Floors: _____

Heated Sq. Ft.: _____ Garage / Storage Sq. Ft.: _____

Description of Work: _____

Attachments: This form must be accompanied by a current plot plan showing all structures/development on lot (proposed or existing) All distances from property lines must be shown.

FOR OFFICIAL USE	
CAMA Permit no.: _____	AEC: _____ COBRA Zone: _____
OCEAN Hazard Area: _____	INLET Hazard Area: _____
Zoning District: _____	
Set backs: Front _____ Side _____ Rear _____ Corner Lot	
Comments: _____	

Approved By: _____ **Date:** _____