

**APPLICATION FOR PERMIT  
MISCELLANEOUS**

6/09

<b>Parcel #</b> _____	<b>OFFICE USE: Zoned</b> _____ <b>Corner Lot</b> _____
<b>PROJECT ADDRESS</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Subdivision/Development</b> _____	<b>Lot</b> _____ <b>Bldg</b> _____ <b>Unit</b> _____
<b>Directions:</b> _____	
<b>PROPERTY OWNER</b> _____	<b>Phone #</b> _____
<b>Prop. Owner's Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Property Owner/Manager Signature if different than the applicant:</b> _____ <b>Date</b> _____	
<b>OCCUPANT</b> _____	<b>Phone #</b> _____
<b>Occupant Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>CONTRACTOR</b> _____	<b>Phone #</b> _____
<b>Contractor Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>APPLICATION FOR:</b> ___ <b>CHNGE OF USE:</b> Zng(\$40) St Code(\$60) Both(\$80) Use _____ <b>Proposed</b> _____ ___ <b>HOME OCCUPATION(\$40):</b> Office___ Child Care___ Other:_____ <b>MOVING</b> <b>Cost of work \$</b> _____ ___ <b>GROUP HOME-Location Verification(\$30)</b> <b>DEMOLITION</b> <b>Cost of work \$</b> _____ ___ <b>STATE LICENSE (\$75):</b> Day Care___ ABC___ Other:_____ <b>FENCE(\$30)</b> _____ ___ <b>SWIMMG POOL(\$30) If property is served by septic-Permit#(req'd)</b> _____ <b>FENCE FOR POOL(\$30)</b> _____	
<b>Payment Submitted By:</b> <b>Check #</b> _____ <b>Credit Card on File</b> _____ <b>Pay When Approved</b> _____ (PURSUANT TO NCGS 25-3-506, A \$25 PROCESSING FEE SHALL BE CHARGED FOR ALL RETURNED CHECKS)	
I certify that the above information is accurate and that I will comply with the conditions and requirements as outlined by North Carolina State Building Code and all local laws, regulations and ordinances.	
<b>Applicant Signature:</b> _____ <b>Printed Name:</b> _____ <b>Phone #</b> _____	
<b>FOR OFFICE USE ONLY</b> <b>COMMENTS:</b> _____  ___ <b>Child Care Home Occupation.</b> Must be operated in accordance with the Cumberland County Zoning Ordinance Section 1002, Home Occupation. (copy provided). Approved for a maximum of 8 children in any 24 hour period. ___ <b>Home Occupation.</b> Must be operated in accordance with the Cumberland County Zoning Ordinance Section 1002, Home Occupation-provided ___ <b>Privacy Fence</b> ___ <b>Fence for Pool.</b> Must be installed in accordance with Cumberland County Zoning Ordinance, Sec 1102. ___ <b>Swimming Pools.</b> See attached plot plan. Must be installed in accordance with the Cumberland County Zoning Ordinance, Section 1002, Swimming Pools. Water discharge per attached plot plan. ___ <b>Alarm &amp; Barrier</b> information given to homeowner on _____. ___ <b>Group Home</b> for not more than 6 handicapped persons (NCGS 168-21). May not include persons who are dangerous to others as defined in NCGS 122C-3(11)b. ___ <b>Relocation/Moving:</b> Must comply with all Federal, State and local laws during move. Building must be sited as shown on plot plan. ___ <b>Demolition:</b> All materials must be disposed in accordance with Federal, State and local laws.	
<b>Zoning Approval:</b> _____ <b>Date:</b> _____ <b>TOTAL FEE: \$</b> _____	

CUMBERLAND COUNTY PLANNING AND INSPECTION DEPARTMENT

**THE APPLICANT'S RESPONSIBILITY – IDENTIFYING PROPERTY LINES**

*I, \_\_\_\_\_, certify that I am authorized for myself or on behalf of \_\_\_\_\_, owner, to make this application for a permit. I agree to be responsible for placing stakes to indicate property boundaries, right-of-way boundaries & easement locations for the project location above. I agree to verify the accuracy of such stakes before requesting any inspection. I acknowledge that I will not receive any inspections if these markers are not in place when an inspector arrives.*

**I waive any claim against the county and release it completely from liability for any damages resulting from any structures that do not meet the county zoning ordinance criteria because of incorrect marking of property boundaries, right-of-way boundaries, or easement locations.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date