



## APPLICATION FOR ZONING COMPLIANCE PERMIT

Planning Department  
 2571 Railroad St.  
 P.O. Box 1459  
 Winterville, NC 28590  
 Phone: (252) 215-2358  
 Email: bryan.jones@wintervillenc.com  
 Website: www.wintervillenc.com

A Zoning Compliance Permit (ZCP) is required for site or use changes regulated under the Zoning Ordinance on property in the town limits and in the extraterritorial jurisdiction (ETJ).

Every applicant must fill out the **General Information** and **Authority to File Application** sections, both of which have black headings. Sections with gray headings are project specific; most projects will require that you only fill out *one* of these five sections. Please read the project descriptions below to determine which section(s) of this application applies to your project. **You must have both signatures in the Authority to File Application section on the last page for the application to be considered complete.**

### Project Description

- Are you relocating or expanding an existing structure or constructing a new building, accessory building, addition, deck, or fence?
- Is your business moving into an existing non-residential retail/office space?
- Are you installing a new sign, or changing the location, sign face, or message of an existing sign?
- Are you requesting temporary signs like a sandwich board sign or event signage
- Are you planning to operate a business out of your personal residence?

If yes,

**Fill out Section 1: Site Change**

**Fill out Section 2: Change of Use**

**Fill out Section 3: Permanent Signs**

**Fill out Section 4A: Sandwich Board Signs**

**Fill out Section 4B: Temporary Signs**

**Fill out Section 5: Home Occupation**

### GENERAL INFORMATION

Project Address:

Zoning: \_\_\_\_\_

Applicant Name:

Mailing Address:

Phone 1:

Phone 2:

E-mail:

Status of Applicant:  Property Owner  Contractor  Legal Representative  Other:

Contractor's Business License #: \_\_\_\_\_

Property Owner(s) Name:

Mailing Address:

Phone 1:

Phone 2:

E-mail:

**Section 1: SITE CHANGE**

Select Project Type:

- New Construction
- Addition
- Accessory Building
- Deck
- Fence
- Manufactured Home

Lot Size (Acres or Square Feet): \_\_\_\_\_  
Number of Structures Existing/to Remain: \_\_\_\_\_  
Number of New Structures Proposed: \_\_\_\_\_  
Gross Floor Area  
Square Footage of Existing Structure(s): \_\_\_\_\_  
Square Footage of Proposed Structure(s): \_\_\_\_\_

Proposed Setbacks (ft.)

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Right Side: \_\_\_\_\_  
Left Side: \_\_\_\_\_

Utilities

Water Service:  Public Water     Well    |    Sewer Service:  Public Sewer     Septic Tank

Easements

Front: \_\_\_\_\_    Rear: \_\_\_\_\_    Side (\_\_\_\_): \_\_\_\_\_    Side(\_\_\_\_): \_\_\_\_\_

Parking Spaces (for Commercial Projects)

# of Existing Spaces: \_\_\_\_\_    # of Proposed Spaces: \_\_\_\_\_    Total # of Parking Spaces: \_\_\_\_\_

Estimated Total Construction Cost: \$ \_\_\_\_\_

Please explain your request in detail (2-3 sentences):

**Along with this application, provide a to-scale site plan that shows existing structures and proposed changes.**

**Section 2: CHANGE OF USE**

Name of Business: \_\_\_\_\_

Business Type: \_\_\_\_\_

Previous Business Type at that Address: \_\_\_\_\_

***Alcoholic Beverage Control (ABC) and Taxi businesses are required to have a Winterville Business License. Contact Kiesha Chavis (252) 215-2353 for further information.***

**Section 3: Permanent SIGNS**

Sign Type:  Wall-mounted (includes hanging and awning)     Free-standing

Sign Dimensions: \_\_\_\_\_ ft. high x \_\_\_\_\_ ft. wide

If wall-mounted: Dimensions of wall surface area: \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

If free-standing: Distance of property street frontage: \_\_\_\_\_ ft.

**PLEASE REMEMBER TO SIGN THE LAST PAGE**

**SECTION 4: TEMPORARY SIGNS**

**Section 4A: Sandwich board signs**

Sign Dimensions : \_\_\_\_\_ ft. high x \_\_\_\_\_ ft. wide

Display location:

The sign is constructed of:  Wood  Metal

I understand that the sign may only be displayed when my business is open and I agree to comply with this requirement.

**Section 4B: Event Signs**

Event Sponsor:

Event Date(s):

Event Location:

Event Description:

Sign Dimensions : \_\_\_\_\_ ft. high x \_\_\_\_\_ ft. wide Total square footage requested:

Sign Message:

Sign Locations: 1)

2)

3)

4)

5) (Event site only!)

**Banner Details**

Banner Dimensions: \_\_\_\_\_ ft. high x \_\_\_\_\_ ft. wide

Banner Message:

Display period (put up date & take down dates):

I have entered this banner request on the website calendar

**PLEASE REMEMBER TO SIGN THE LAST PAGE**

**Section 5: HOME OCCUPATION**

Name of Business: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Please explain your proposed business in detail (2-3 sentences): \_\_\_\_\_

Site Usage

Will the home occupation be conducted entirely within the residence?  Yes  No  
Please indicate whether you are using  Heated or  Habitable floor area for the following calculations:

Total (heated/habitable) floor area of the residence: \_\_\_\_\_ sq. ft.  
Total amount of (heated/habitable) floor area used for the home occupation: \_\_\_\_\_ sq. ft.

Will a detached accessory structure be used in conjunction with the home occupation?  Yes  No  
If yes, Total square footage of detached accessory structure: \_\_\_\_\_ sq. ft.  
Total amount of floor area used for the home occupation: \_\_\_\_\_ sq. ft.

Will any hazardous materials be stored or used on site?  Yes  No If "yes," provide a list.  
Will there be any outside storage or display of goods or materials?  Yes  No  
If "yes," what type of goods or materials?

Parking & Traffic

# of Existing Parking Spaces: \_\_\_\_\_ # of Proposed Spaces: \_\_\_\_\_ Total # of Parking Spaces: \_\_\_\_\_  
Total # of employees, including the business owner: \_\_\_\_\_  
How many clients are expected to visit the business per day? \_\_\_\_\_ At any one-time? \_\_\_\_\_  
Will you be making deliveries as part of your business?  Yes, \_\_\_\_\_ per day  No  
Will you be receiving deliveries as part of your business?  Yes, \_\_\_\_\_ per day  No

**Along with this application:**

- Provide a scaled floor plan of the residence and any accessory structures, and indicate the area to be used for the home occupation.
- If you plan to receive clients on-site, please provide a scaled site plan of the property that shows existing structures, their setbacks from the property lines and street rights-of-way, and the driveway and parking area.

**AUTHORITY TO FILE APPLICATION**

I hereby agree to conform to all applicable laws and regulations of the Town of Winterville, County of Pitt and State of North Carolina (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the Town of Winterville Planning Department may enter the subject property for the purpose of investigation and analysis of this request.  
**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER.**

|                                 |            |
|---------------------------------|------------|
| Applicant Signature: _____      | Date _____ |
| Property Owner Signature: _____ | Date _____ |

**DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Staff: \_\_\_\_\_

ETJ?  Yes  No

Legal Non-Conforming Lot?  Yes  No

Floodplain on Site?  Yes  No

Flood Zone \_\_\_\_\_

Flood Map # \_\_\_\_\_

Section 4B only – Is the event in the town’s jurisdiction?  Yes  No

Zoning Officer’s Action on Application:  Approved  Approved with Conditions  Denied

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments or Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Zoning Officer: \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature) Date: \_\_\_\_\_

Date Permit Picked Up: \_\_\_\_\_

Fee \$: \_\_\_\_\_

Receipt #: \_\_\_\_\_