



Permit Number \_\_\_\_\_

## CITY OF CLAREMONT

### ZONING COMPLIANCE CERTIFICATE

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ PIN: \_\_\_\_\_

Proposed Activity: \_\_\_\_\_ Property Size: \_\_\_\_\_

- A site plan showing property size, all existing structures, proposed structures and distances from property and right(s)-of-way lines is required and considered a part of this permit.
- This permit will expire **six (6) months** from the date it is issued if work has not begun on the approved activity.
- This permit will expire if work is suspended or abandoned for a period of **one year**.
- This permit may be revoked if the applicant gives any **false information**.

\_\_\_\_\_  
Applicant's Signature Date

OFFICE USE ONLY			
Zoning District: _____	Inside City Limits: _____	Census Tract: _____	
Required Setbacks: Front: _____	Side: _____	Flood Zone: _____	
Rear: _____	Street Side: _____	BFE: _____	

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator's Signature Date

Copies of this permit for Catawba County Building Inspections and the applicant/owner's personal records are available upon request.

**828-459-7009 City Hall • 828-459-0596 Fax**  
**3288 East Main Street • Post Office Box 446 • Claremont, NC 28610**