



Jackson County Planning Department
 401 Grindstaff Cove Road, Suite A-258
 Sylva, North Carolina 28779
 Phone (828) 631-2282
 Email: johnjeleniewski@jacksonnc.org

Zoning Permit Number:
Date Received:
Date Approved:

Zoning Permit Application

TO BE COMPLETED BY APPLICANT

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OWNER AND PROPERTY INFORMATION					
Property Owner:			Property PIN:		
Address:			Property Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Email:		

BUSINESS INFORMATION (If Applicable)	
Business / Project Name:	
Business / Project Address:	Business Contact Person:
City: State: Zip:	Contact Phone:
Business Phone:	Contact Email:
Business Use (Retail, Restaurant, Hotel, Office, Etc.):	Sign Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE		
Ordinance Jurisdiction: <input type="checkbox"/> 441 Development Corridor <input type="checkbox"/> Cashiers Commercial Area <input type="checkbox"/> Cullowhee Planning Area <input type="checkbox"/> Town of Dillsboro <input type="checkbox"/> Forest Hills <input type="checkbox"/> Town of Sylva <input type="checkbox"/> Webster		
Zoning District:	Parcel Lot Size:	Building Sq. Ft.:
Parking Spaces / Handicap:	Building Floors:	Floor Business Located on:
Front Bldg. Setback (ft.):	Rear Bldg. Setback (ft.):	Side Bldg. Setback (ft.):
Front Landscape Buffer (ft.):	Rear Landscape Buffer (ft.):	Side Landscape Buffer (ft.):
Road Right-of-Way:	Building Frontage (ft.):	
Building Type: <input type="checkbox"/> Stand-alone Building <input type="checkbox"/> Shopping Center	Building Improvements: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing _____	
		Total Zoning Permit Fee:

I affirm and certify that I understand and will comply with the provisions and regulations of any applicable Jackson County or District Ordinances. I further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief. Further, I understand that the application, attachments and fees become part of the Official Records of the Planning Department and are not returnable. I also recognize that if one or more deficiencies exist in the application, I will be notified of the deficient items, and the department shall take no further action on the application until the required information is submitted. I understand that misrepresentation of information contained within this application may be cause to void any development approvals associated with this application.

Applicant's Signature:	Date:
Planning Department Approval Signature:	Date:

Following the Approval Signature of the Planning Department, a Zoning Certificate of Compliance shall be issued.