



JACKSON COUNTY OFFICE OF PERMITTING & CODE ENFORCEMENT

Land Development Application

Sylva Office: 538 Scotts Creek Rd, Suite 205, Phone: 828-586-7560 / Fax: 828-586-7563
Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

For Office Use: Fee Paid? ☐ Yes (Paid) ☐ Not Required

Application number:

OWNER/APPLICANT INFORMATION

PIN:			DATE:		
Property Owner's Name (as listed on tax parcel):			Local Contact's / Agent's Name:		
Property Owner's Mailing Address:			Local Contact's/ Agent's Mailing Address:		
City	State	Zip	City	State	Zip
Property Owner's Phone Number:			Local Contact's/ Agent's Phone Number:		
Property Owner's E-MAIL Address:			Local Contact's/ Agent's E-MAIL Address:		
Contractor's Name (if known):			Contractor's Phone (if known):		

PROJECT/SITE DATA

Improvement Description:			
Acreage of Disturbed Area: <input type="checkbox"/> 1/2 or less acres <input type="checkbox"/> E/C Plan has been filed.		Building Size:	Power Provider:
Methods to be used for Erosion Control: <input type="checkbox"/> Silt Fence <input type="checkbox"/> Berm/Diversions <input type="checkbox"/> Temp. Gravel Construction Entrance <input type="checkbox"/> Seeding/Vegetation within 10 days of final grading <input type="checkbox"/> Other:			
Utilities: <input type="checkbox"/> TWSA <input type="checkbox"/> Well <input type="checkbox"/> Septic <input type="checkbox"/> Other (Please specify _____)			
Specific Directions to Site:			
			Gate Code:

FOR OFFICE USE

Site's Physical Address:		Parcel/Lot Size	
Subdivision Name:	Lot Number:	Township:	Municipality:
Fire District:	High Quality Water:	Stream Classification:	

Is This Site Within: ☐ Watershed ☐ Floodplain ☐ Protected Ridge ☐ County Zoning District

<input type="checkbox"/> SINGLE FAMILY RESIDENCE	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> ADDITION/REMODEL	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> MULTI FAMILY DEVELOPMENT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> SUBDIVISION DEVELOPMENT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> OFF PREMISE SIGN	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> MOBILE HOME PARKS	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> RETAIL/OFFICE BUILDING	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> COUNTY ZONING DISTRICT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> INDUSTRIAL DEVELOPMENT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING			
<input type="checkbox"/> HEAVY COMMERCIAL	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> MISC. GRADING		

CERTIFICATION

I hereby certify that the information given above, to the best of my knowledge, is true and correct. I am aware that the State and/or County staff can and will conduct periodic inspections of this project to ensure compliance.
I acknowledge that I have been informed of land use regulations subject to my property or development.
I understand that I must contact the Permitting Office at least one business day prior to any work commencing.
The signature below signifies full responsibility for all land disturbing activities on site.

Owner's/Agent's Signature:

Date:

Approved to proceed with permitting process when signed by Permit Center staff.

Date

You may submit a completed, signed copy of this application to our office in person, by fax, or e-mail to jcpermitcenter@jacksonnc.org. Fees may be required.