



TOWN OF HOLLY RIDGE

212 North Dyson St.
Holly Ridge, NC 28445
Phone: 910-329-7081
Fax: 910-329-1593

Zoning Permit

Permit No: _____ Date: _____, 20__

Property Owner: _____ Phone No: _____

Mailing Address: _____ State: _____ Zip Code: _____

Applicant: _____ Phone No: _____

Mailing Address: _____ State: _____ Zip Code: _____

Project Address: _____ Parcel No: _____

Lot: _____ Subdivision: _____ Section: _____ Phase: _____

CAMA Permit Required: YES _____ NO _____

Residential _____ Commercial _____

Description of Work: _____

Class of Work: NEW _____ ADDITION _____ MOVE _____ ALTERATION _____ OTHER _____

Land Disturbance: _____ Less Than One (1) Acre. *(If over an acre, attach Erosion Control Permit from NCDENR (910-796-7215))*

Zoning Classification: _____ Wind Zone: _____ Plot Plan Received: _____ ETJ: _____

Set Backs: Front: _____ Rear: _____ Side: _____ Side Corner: _____

Utilities: Water: Private _____ Public _____ Sewer: Private _____ Public _____

Flood Determination:

1. _____ A _____ required elevation of lowest floor as built: _____ M.S.L (NGVD) plus (2) two feet certified elevation certificate required.
2. _____ Zone A with no elevation would require the elevation of lowest floor to be built to a minimum of (2) two feet above adjacent grade.
3. _____ Flood Zone undetermined - owner/applicant will be required to have surveyor to determine zone and elevation.
4. _____ Development in an identified floodway - owner/applicant must provide hydrologic and hydraulic analysis showing that propose development wrn not increase flood levels.
5. _____ Zone C or X - Unregulated Zones _____ Close Proximity Letter Required
6. _____ Yes _____ No Flood Fee

Community Number: _____ 370340 _____ Panel Number: _____ Initials: _____

Zoning Administrator: _____ Date: _____, 20__

Approved: _____ Disapproved: _____ Hold for More Info: _____

Signature of Applicant/Owner: _____ Date: _____, 20__

I have read and understand the conditions of this Zoning Permit, I agree to notify the Town of Holly Ridge if I am unable to abide by the Zoning Ordinance or if changes are made with this project.

Fee: \$ _____ Check # _____ Cash _____ Initials _____ Date: _____