



## YADKIN COUNTY CENTRAL PERMITTING

213 East Elm Street  
Yadkinville, NC 27055  
(252) 849-7905

[www.yadkincountync.gov/134/Central-Permitting](http://www.yadkincountync.gov/134/Central-Permitting)

### Zoning Compliance Permit – Non-Residential Application

Please check all applicable boxes and complete the required documentation.  
If completing by hand, please use black or blue ink.

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

#### Contact Information

Property Owner(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant (if different than property owner): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Property Information

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

Parcel ID Number (PIN): \_\_\_\_\_

#### Permit Information

Type of Permit (please select one): ☐ Construction ☐ Expansion ☐ Demolition

Type of Structure (please select one): ☐ Retail ☐ Office ☐ Institutional ☐ Manufacturing

☐ Industrial ☐ Restaurant ☐ Service Related ☐ Other \_\_\_\_\_

Description of Proposed Project/Work:

Utility Information

Water Supply: ☐ Well ☐ Community Public: \_\_\_\_\_

Wastewater: ☐ Septic ☐ Community Public: \_\_\_\_\_

Existing Structures

If there are more than five (5) existing structures/buildings, please attach additional information.

Type/Use	Ground Coverage (in square feet)	Total Living Area (in square feet)

If proposal represents an expansion of an existing non-residential building, or proposes the location of a new non-residential building in an existing non-residential development site (i.e. shopping center, industrial park, etc.), please provide information concerning the original site plan approval (i.e. date approved, requirements of approval, imposed conditions, etc.).

## Project Information

**Proposed Setbacks:**    **Front:** \_\_\_\_\_    **Side (right):** \_\_\_\_\_  
   **Rear:** \_\_\_\_\_    **Side (left):** \_\_\_\_\_

**Proposed Height of Structure** (in feet): \_\_\_\_\_

**Total Disturbed Land Area** (in square feet): \_\_\_\_\_

**Proposed Floor Area Ratio:** \_\_\_\_\_

**Proposed Open Space Ratio:** \_\_\_\_\_

**Proposed Pedestrian/Landscape Ratio:** \_\_\_\_\_

**Total Impervious Surface Area** (in square feet): \_\_\_\_\_

**Driveway/Access Road:** \_\_\_\_\_

**Parking:** \_\_\_\_\_

**Principal Structure:** \_\_\_\_\_

**Accessory Structures:** \_\_\_\_\_

**HVAC Pads/Structures:** \_\_\_\_\_

**Dumpster Pad:** \_\_\_\_\_

**Are there streams/water bodies on the property?** ☐ Yes ☐ No

**Required stream buffer:** \_\_\_\_\_

**Distance of structures and driveway from water** (in feet): \_\_\_\_\_

## Outdoor Lighting

Site Plan Sheet Number: \_\_\_\_\_

**Please provide the following breakdown of all proposed lighting fixtures (including building mounted fixtures, parking lot lights, and security lights).** If more than five (5) different fixtures are proposed, please attach additional information. A formal lighting plan is required for all site plan submittals denoting proposed/required lighting. Completion of this section does not eliminate this requirement.

Type of Light	Number of Lights	Type of Fixture for Light	Type of Bulb	Wattage of Bulb

## Signs

Site Plan Sheet Number: \_\_\_\_\_

**Total linear frontage of building along roadway (in feet):** \_\_\_\_\_

**Please provide the following breakdown of each of the proposed signs for this project.** If more than three (3) different signs are proposed, please attach additional information.

Type of Sign	Proposed Size of Sign (in square feet)	Proposed Location	Illumination of Sign (if applicable)

## Landscaping

**Site Plan Sheet Number:** \_\_\_\_\_

**Please provide the following breakdown of all proposed and required landscaping, both internal to the site and along property lines.** Please attach additional information as necessary. A formal landscape plan is required for all site plan submittals denoting proposed/required landscape buffers and the location of plantings. Completion of this section does not eliminate this requirement.

Required Buffer/Width	Proposed Plantings

## Parking and Internal Traffic Circulation

**Site Plan Sheet Number:** \_\_\_\_\_

**Daily traffic trips generated by use:** \_\_\_\_\_

**Name of street where primary access is proposed:** \_\_\_\_\_

**Type of street:** ☐ Public ☐ Private

**Number of driveways or access points proposed:** \_\_\_\_\_

**Travel lane type of access and parking area:** ☐ One-way ☐ Two-way

**Width of travel way:** \_\_\_\_\_

**Required number of parking spaces:** \_\_\_\_\_ **Proposed:** \_\_\_\_\_

**Required number of handicapped spaces:** \_\_\_\_\_ **Proposed:** \_\_\_\_\_

**EV spaces proposed?** ☐ Yes ☐ No **Number:** \_\_\_\_\_

**Length:** \_\_\_\_\_

**Width:** \_\_\_\_\_

**Loading zones required?** ☐ Yes ☐ No **Number:** \_\_\_\_\_

**Length:** \_\_\_\_\_

**Width:** \_\_\_\_\_

**Fire lane around building?** ☐ Yes ☐ No **Width:** \_\_\_\_\_

**Pedestrian walkways defined?** ☐ Yes ☐ No **Width:** \_\_\_\_\_

### Additional Information

Stormwater plan required? ☐ Yes ☐ No Site Plan Sheet Number: \_\_\_\_\_

Erosion Control plan required? ☐ Yes ☐ No Site Plan Sheet Number: \_\_\_\_\_

### Certification and Signatures

I certify that, to the best of my knowledge, the information contained within this application package, and in the supporting documents, is a factual representation of the proposed development and includes all submittal information as documented within the Yadkin County Zoning Ordinance. I understand that a Zoning Compliance Permit shall be issued authorizing the activities contained herein and that each new development project requires a new Zoning Compliance Application.

I acknowledge that by signing this application, the Yadkin County Central Permitting staff is authorized, pursuant to NCGS 160D-403, to make as many inspections of the subject property as may be necessary to verify that the proposed work outlined herein is consistent with the provisions of all applicable State and local laws, ordinances, and regulations.

\_\_\_\_\_  
Owner Signature(s)

\_\_\_\_\_  
Applicant Signature (if different from owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### Section Completed by Staff

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

Watershed: \_\_\_\_\_

Other overlay districts impacting property: \_\_\_\_\_

Proposed Setbacks: Front: \_\_\_\_\_

Side (right): \_\_\_\_\_

Rear: \_\_\_\_\_

Side (left): \_\_\_\_\_

Maximum Impervious Surface Allowed: \_\_\_\_\_ % \_\_\_\_\_ Square Feet

Is the maximum impervious surface limits acceptable? ☐ Yes ☐ No

Fire District: \_\_\_\_\_

☐ Approved ☐ Denied - Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_