



City of Cherryville

116 S. Mountain St.
Cherryville, NC 28021
704-435-1705

PERMIT NUMBER

Issue Date: _____

Permit Type: Zoning, _____

Parcel ID	Street Address	City/Town
_____	_____	_____

Owner Information	Applicant Information	Contractor Information
Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____	Contractor (Electrical): _____ Contractor (GC): _____ Contractor (Mechanical): _____ Contractor (Plumbing): _____

Project Description

Scope of Work

Zoning District	Utilities
_____	_____

Lot Acreage	Downtown Fire District	Flood on Property	Flood Touching Structure
_____	___ Y or ___ N	___ Y or ___ N	___ Y or ___ N

Permit Details	
Work Class: _____ Principle Structure Required Setbacks: Front: _____ Rear: _____ Left Side: _____ Right Side: _____ Height: _____ Width/BL: _____ Frontage: _____	Manufactured Homes Details Class: _____ Color: _____ Year: _____ Size: _____ MFG: _____ Accessory Structures Required Setbacks: Rear: _____ Left Side: _____ Right Side: _____ Size: _____

I, the undersigned, hereby certify that I am the owner or authorized agent and will comply with all applicable laws regulating the work being permitted. I have also received a copy of this document and understand it is my responsibility to inform City of Cherryville of any changes that are made to the work that is outlined in this permit. I further understand that all inspection requests area to be made by me or my agent. Lastly, I understand that this permit will become null and void in 6 months (180 days) from the date issued if work on the project has not started.

Signature of Owner/Contractor

Date: _____

_____ Signature of Approving Official	TOTAL FEES:	_____
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