DAVIE COUNTY
DEVELOPMENT SERVICES
298 E DEPOT ST. MOCKSVILLE, NORTH CAROLINA 27028
PH :(336)753-6050 FAX :(336)751-7689

Application Packet Checklist

	Yes	No	N/A
• Completed Zoning Permit Application/Approval -Davie County & Mocksville -Bermuda Run -Cooleemee			
• Completed Building Permit Application			
• Copy of Environmental Health Permit			
• Copy of Deed			
• Site Plan*			
• 2 Copies of Building Plans			
• Utility Authorization -Davie County -Mocksville -Bermuda Run			
• Lien Agent Information**			
• Owner Exempt Affidavit			

Received Date: _____
Correction(s): _____
_____
_____
Resubmitted Date: _____
Packet Accepted by: _____

*All lots created after October 2005 should have a recorded plat on which a site plan is to be based. GoMaps will not be considered an acceptable site pan for these lots.
**In accordance with North Carolina General Assembly Session Law 2012-158, Inspections Departments are not allowed to issue any permits where the project cost is $30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence or the property owner has designated a lien agent.

DAVIE COUNTY
RESIDENTIAL BUILDING
PERMIT APPLICATION

Davie County Development Services
298 E. Depot Street, Suite 100 Mocksville NC 27028
Telephone: 336.753.6050 Fax: 336.751.7689

Application is for the following jurisdiction: ☐ Davie County ☐ Mocksville

Property Owner's Name	Property Owner's Address	Property Owner's Telephone ( ) - Home ( ) - Cell
Project Name	Project Address/Location (if known)	Zoning District
Subdivision Name (If applicable):		Lot#
Applicant's Name (if different)	Applicant's Address (if different)	Applicant's Telephone ( ) - Home ( ) - Cell
Contractor's Name	Contractor's Telephone ( ) -	General Contractor's License No.
Contractor's Address		Water Supply: ☐ Public ☐ Private (Well) ☐ N/A Well Permit #
Brief Project Description:		Sewer Supply: ☐ Public ☐ Septic ☐ N/A Septic Permit #

Type of Structure:		Foundation Type:	
New SFD:	☐	Basement:	☐
Addition:	☐	Vented Crawlspace:	☐
Renovation:	☐	Sealed Crawlspace:	☐
Fire Restoration:	☐	Slab on Grade:	☐
Accessory Structure:	☐		
Construction Cost: $		Total Square Feet:	

I hereby attest the information provided on this application and any additional information submitted pertaining to this application is true and accurate. Should the use of the property and/or structures change, I understand additional permits may be required. In addition, I understand plan review cannot cover all aspects of constructions and therefore any work done will be required to meet all applicable local and state codes.

Applicant's Signature: _____	Owner's Signature: _____
Applicant's Name (Print): _____	Owner's Name (Print): _____
Date: ____/____/____	Date: ____/____/____

Office Use Only

Parcel # _____ Tax ID # _____ Zoning _____

Taxes ☐ Approved ☐ Denied

DAVIE COUNTY
ZONING PERMIT

172 Clement St., Mocksville, NC 27028

NOTE: No application shall be considered complete unless all the following information is attached. The Zoning Administrator may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request.

A copy of a scaled drawing which shows the shape and dimension of the lot to be used, the shape and dimension of all types of existing and proposed uses and structures, and the location of rights-of-way on the lot. The drawing must also show the location of existing or proposed parking and landscaping required as well as enough detail to indicate the intent to comply with all applicable design and use standards.

Other _____

PLEASE PRINT the following information clearly:

_____ _____ _____ _____

STREET # ADDRESS SUBDIVISION LOT #

Purpose for Application: _____

Approx. new/remodeled square footage: _____ Size of Lot: _____

Tax Map Parcel Number: _____ Zoning District: _____

Business Name: _____ Phone #: _____

Property Owner's Name: _____ Phone #: _____

Address: *(If different than above)* _____

Applicant's Name: *(If different than above)* _____

Address: *(If different than above)* _____ Phone #: _____

Fax #: _____ E-mail: _____

I hereby certify that the information provided herein is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit. I further understand that plan review cannot cover all aspects of construction and any work done shall be required to meet all applicable local and state codes.

_____

Applicant's Signature Date

****DO NOT WRITE BELOW THIS LINE****

Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance.

Additional Remarks/Conditions:

_____

_____

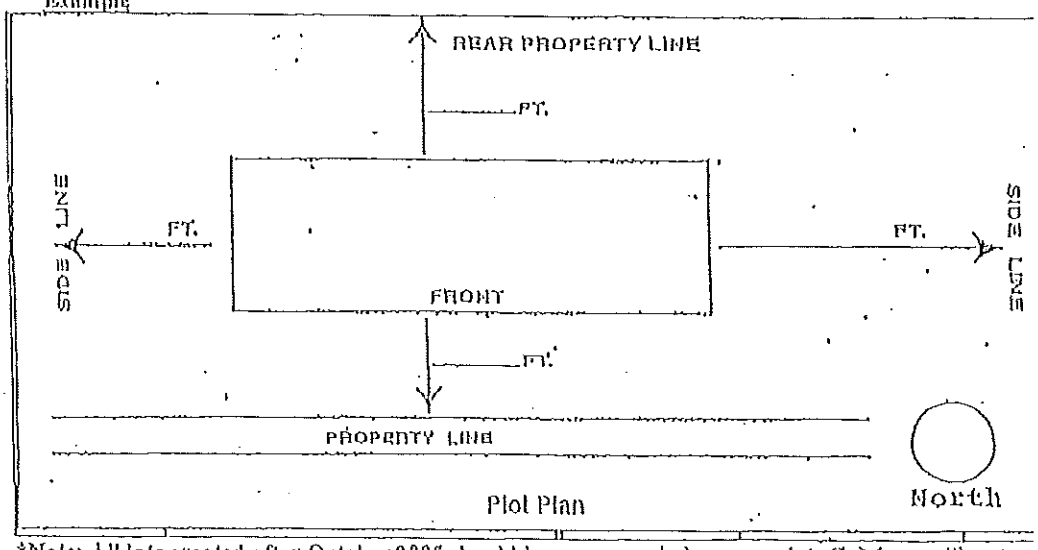
_____ _____

Zoning Administrator Date

RESIDENTIAL SITE PLAN: Minimum 8½" X 11" size paper at a scale of 1" equals 20' showing the proposed structure with all the following:

- ☐ Name, address, phone number of applicant and owner, and property (site) address
- ☐ North arrow & drawing scale
- ☐ Property lines & dimensions (*see survey plans)
- ☐ Existing and proposed on-site sewer, water, and storm drain lines
- ☐ Existing improvements on property (house, garage, shed, deck, etc.) Label and provide dimensions and square feet.
- ☐ Location, height and square footage (dimensions) of addition or new building
- ☐ Label distances from the existing and proposed structures to property lines and other buildings on the site
- ☐ Label streets (Public and Private)-Road and highway rights-of-way shall not be determined as a part of a lot or any required yard or open space.
- ☐ Location of easements
- ☐ Driveway information for existing and proposed driveways
- ☐ Frontage improvements (sidewalk, curb and gutter, etc.)

Example



*Note: All lots created after October 2005 should have a recorded survey plat. GoMaps will not be considered an acceptable site plan for these lots.