



Permit #: _____

Date: _____

TOWN OF MIDLAND

Zoning Compliance Permit

SITE DATA

Physical Address: _____

PIN Number: _____

Project/Subdivision Name: _____

Land Area (ac. or sq. ft.): _____

OWNER/APPLICANT INFORMATION

Name of Property Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone #: _____

PROJECT INFORMATION

Type of Permit: _____ New Construction _____ Use of Property _____ Non-conforming Conditions

Description of Project: _____

Area (Sq. Ft.): Heated: _____ Unheated: _____ Other: _____

ZONING INFORMATION (All applicable provisions of the Midland Zoning Ordinance shall apply.)

Zoning District:	Required Setbacks	Proposed Setbacks
Overlay District:	Front:	Front:
Site Development Plan:	Left Side:	Left Side:
Floodplain:	Right Side:	Right Side:
Base Flood Elevation:	Rear:	Rear:

Must obtain a fire inspection from Cabarrus County Fire Marshall & final zoning inspection from the Town of Midland (if applicable) prior to occupancy.

Other: _____

Signature of the Applicant: _____ Date: _____

SITE PLAN and/or SIGN DRAWING

Provide a site plan showing where on your lot the building or sign will be placed. Provide a detailed drawing of your project, showing dimensions such as width, height, and area in square feet. (May attach additional sheet.)

Permit: Approved Denied Appealed Fee Paid: _____ Receipt #: _____

Signature of Zoning Administrator: _____ Date: _____

Permit Expiration Date: ONE YEAR FROM DATE OF ISSUE IF NOT COMMENCED.