



Zoning Permit # _____
 (Assigned by Town)

Town of Bunn

**601 Main Street
 P.O. Box 398
 Bunn, NC 27508**

**Commercial Zoning Permit Application
 919-496-2992**

Zoning Permit Application Fee- \$100.00

Application Instructions: Complete all applicable sections of this form. The application will not be processed by the Zoning Administrator until a complete application and all required documents are received **including a scaled site plan unless in an existing building or shopping center.**

Owner's name (As listed on Tax Records)*:	Applicant's Name:	Contractor's Name: (If applicable)
Street Address:	Street Address	Street Address:
City, State Zip	City, State Zip	City, State Zip
Contact phone#:	Contact phone#:	Contact phone#:
Email address:		

*If the owner is different from the tax record, you must provide proof of ownership.

The following questions must be answered:

1. What is the name and address of the proposed business?

2. What is the purpose of this application? (Please check all that apply) Starting or relocating a Business or Use Constructing a New Building or Structure Verification of Zoning District or Permitted Use Obtaining a Zoning Permit with Vested Rights Other (Please Specify)
3. Total number of primary buildings located on the property? _____

4. What is the lot size and square footage of the proposed / existing structure(s)?

5. Give a brief description of the business?

*Please note that **Portable Storage Facilities (PODS)** shall not be used for accessory structures. They are allowed on a **construction** site with a valid Franklin County building Permit and a Town of Bunn zoning permit fee of \$200.00. The Bunn zoning permit is valid for 6 months and renewed once for a \$50.00 fee for an additional 6 months should the construction project still be underway and should the Franklin County building permit still be active and in good standing.*

I certify that all of the statements in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Bunn officials and or representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Name (please print or type)

Date

Signature of Property Owner or Authorized Agent

Date

Note: Please attach a copy of the option to purchase if the applicant has a binding option to purchase the property.

For Town of Bunn Use Only

Date application received: _____

Pin# _____ Parcel# _____

Date Paid: _____ How Paid: _____

Town or ETJ: _____

Check # _____ Receipt# _____

Current Zoning: _____

By: _____

Front setback: _____ Side: _____

Rear setback: _____ Lot width _____

Depth: _____

Utility Requirements

Water: Well _____ Water: Town _____

Sewer: Septic _____ Sewer: Town _____

This permit is issued pursuant to information contained herein and provided by the owner and or agent. Information determined to be false or failure to comply with all appropriate Statutes, Codes and Regulations may result in the immediate revocation of this permit.

Zoning Administrator

Date

Special Requirements/Notes:

Note: Receipt number from the Town of Bunn also serves as the Zoning Permit # when application is approved.
Jan23,Oct23