Concord
NORTH CAROLINA
High Performance Living

Application for
Zoning Clearance Permit (Plan Review Projects)

DATE _____

NAME OF PROJECT: _____**PLAN REVIEW CASE #**_____

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING THE PROJECT:

☐ CONSTRUCTION OF A NEW RESIDENTIAL SUBDIVISION

☐ CONSTRUCTION OF A NEW BUILDING ON A NEW SITE

IS THIS PROJECT FOR A SHELL BUILDING ONLY? ☐ *YES* ☐ *NO*

☐ ADDITION OF NEW BUILDING TO AN EXISTING SITE

☐ ADDITION TO AN EXISTING BUILDING

☐ UPFIT TO EXISTING BUILDING

ARE YOU CREATING MULTIPLE SUITES WITH THIS PROJECT? ☐ YES ☐ NO IF SO, HOW MANY? _____

PROJECT ADDRESS OR LOCATION:_____

EACH BUILDING AND/OR SUITE MUST HAVE A SEPARATE ADDRESS

SQUARE FOOTAGE OF UPFIT, BUILDING OR BUILDING ADDITION _____

CONTRACTOR NAME _____ COMPANY NAME_____

CONTRACTOR ADDRESS _____

PHONE NUMBER OF CONTRACTOR: _____ EMAIL OF CONTRACTOR: _____

DATE ANTICIPATED PROJECT BEING COMPLETE: _____

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THE UNDERSIGNED HEREBY MAKES APPLICATION TO ☐ BUILD ☐ REMODEL A BUILDING OR STRUCTURE AT THE PROJECT ADDRESS SHOWN IN ACCORDANCE WITH APPROVED PLANS (IF ANY). UPON COMPLETION OF PROJECT AND ALL REQUIRED INSPECTIONS A CERTIFICATE OF COMPLIANCE WILL BE ISSUED BY DEVELOPMENT SERVICES.

SIGNATURE OF APPLICANT OR AS AGENT OF OWNER _____

PERMIT ISSUED UPON PAYMENT OF FEES