



Town of Wilkesboro

P.O. Box 1056

Wilkesboro, NC 28697

Phone: (336)838-3951 Fax: (336)838-7616

CERTIFICATE OF COMPLIANCE APPLICATION

A Certificate of Compliance is required that all proposed uses comply with the Town of Wilkesboro zoning, watershed, flood damage standards and ordinances, and to otherwise protect the public health, safety and welfare of the citizens of the town and extraterritorial jurisdiction.

Please Print

DATE: _____

- Zoning Compliance Permit
- Watershed Development Permit
- Watershed Occupancy Permit
- Flood Damage Prevention Application

Fee _____

Property Owner: _____

Applicant: _____

Address/location:

Phone: _____ Fax: _____

Description of proposed use: _____

***Other types of permits maybe required depending on development**

Signs Proposed? [] Yes [] No

(Signs require a separate permit and application fee and they must comply with Section 5.6 of the Zoning Ordinance)

**Please submit a sketch of the proposed use and it's location on the parcel at this point of the application process*

Stop here!

(Applicant will be required to sign page two after review and completion of this application process by town staff)



For office use only

Zoning District: _____

Use Classification (see use table) _____

Supplemental Standards? _____

Are there zoning conditions or restrictions that prohibit the proposed use? [] Yes [] No

Watershed Classification _____

Proposed Floodplain Development

____ (a) Must comply with all applicable flood damage prevention standards
(Submit plans to Wilkes County Building Inspection's Office)

____ (b) Is exempt from flood damage prevention standards

F.I.R.M. Panel #370259 _____ Map Date _____

Flood Zone Classification (A) (AE) (X)

Lot and Building Information

Planned Height _____ allowed _____

Lot area _____ required _____

Width _____ required _____

Front yard _____ required _____

Side yard (right) _____ required (right) _____

(left) _____ (left) _____

Rear yard _____ required _____

Parking: Proposed spaces: _____ Existing standard spaces: _____ Handicap: _____

Required spaces for proposed use: _____

Accessory Building Information

Purpose _____

Height _____

Location _____

Side Yard Set Back _____ Rear Yard Set Back _____

% of Rear Yard Covered _____

Other Department/Zoning Approvals and or Inspections Required:

If a departmental box is checked, the applicant must contact that department for separate approval and any additional conditions and restrictions that may be required

Building Inspections _____ Date: _____

Fire Inspections _____ Date: _____

Public Works _____ Date: _____

Final Determination

This application has been reviewed by the Planning Staff and based on the information contained herein, along with the standards found in the Town of Wilkesboro ordinances and any additional information obtained from an actual site inspection the following determination has been made:

Approved

Approved with restrictions

Denied

Comments/Restrictions: _____

For the applicant:

I/we certify that I/we have read and understand the information contained in this application and I/we will adhere to any comments and/or restrictions.

Signature of Applicant: _____ Date: _____

Signature of Review Officer: _____ Date: _____

*If denied list reason(s)

