



ACCESSORY STRUCTURE - ZONING COMPLIANCE

Applicant's Name: _____

Applicant's Address: _____

Address where accessory is proposed: _____

Email: _____ Phone Number: _____

Description of Work (please provide a site plan): _____

Height: _____ Length/Width of accessory: _____/_____

Type of Work:

_____ Accessory Structure _____ Other

_____ Exempt Pier or Dock

Applicant's Signature: _____ Date: _____

Accessory Structure, Exempt Pier or Dock, Other: \$25 fee

OFFICE USE ONLY:

Current Zoning: _____

Total # of accessory structures _____

Floodplain: _____

Setbacks

_____ Front

_____ Left Side

_____ Rear

_____ Right Side

Officer Approval: _____

Date: _____

Comments: _____

NOTE: City Zoning Inspection required once all work has been completed. Items for inspection include: house numbers displayed, no debris on property, construction dumpster and/or port-a-john must be removed from site and landscaping must be at least graded.

Please call 910 254-0900 to schedule an inspection.