

DAVIE COUNTY NORTH CAROLINA

Development & Facilities Services
336.753.6050

Farm Structure Affidavit

Description of building:

Parcel Number: _____

Address: _____

Print Owner Name: _____ Phone: _____

Property Owner Signature _____ Date: _____

I, the undersigned, do certify that the property referenced in this affidavit is a Bona Fide Farm and meets the requirements for farm exemption. I am building a non-residential farm building, for farm use on my farm for the purpose of:

1. Is the property currently being used for the production of agricultural, horticultural, floricultural products for sale?	YES or NO (circle one) Type of products:
2. Is the property currently being used for the raising or processing of farm animals or farm animal products for sale?	YES or NO (circle one) Type of products:
3. Is the proposed structure to be used for the storage, handling, or production of products listed in #1 above?	YES or NO (circle one)
4. Is the proposed structure to be used for the sheltering, raising or processing of animals listed in #2 above?	YES or NO (circle one)
5. Is the proposed structure to be used for the maintenance, storage or use of equipment related to the activities listed in #1 and #2 above?	YES or NO (circle one) Type of products:

Notary Signature

Sworn or affirmed and subscribed before me this the _____ day of _____ 20____.

Notary Public

My commission expires _____

The property must be certified by the Davie County Tax Administration Department. They are located on the first floor of the Administration Building at 123 S. Main Street or 336.753.6120. Their signature is required for building/zoning permits to be reviewed.

Tax Officer Signature

Date



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Application Packet Checklist

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
<ul style="list-style-type: none"> • Completed Zoning Permit Application/Approval _____ <li style="padding-left: 20px;">-Davie County & Mocksville <li style="padding-left: 20px;">-Bermuda Run <li style="padding-left: 20px;">-Cooleemee • Completed Building Permit Application _____ • Copy of Environmental Health Permit _____ • Copy of Deed _____ • Site Plan _____ • 2 Copies of Building Plans _____ • Utility Authorization _____ <li style="padding-left: 20px;">-Davie County <li style="padding-left: 20px;">-Mocksville • Lien Agent Information** _____ • Owner Exempt Affidavit _____ 			

Received Date: _____

Correction(s): _____

Resubmitted Date: _____

Packet Accepted by: _____

****In accordance with North Carolina General Assembly Session Law 2012-158, Inspections Departments are not allowed to issue any permits where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence or the property owner has designated a lien agent.**



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RESIDENTIAL BUILDING PERMIT APPLICATION

Application is for the following jurisdiction:		
<input type="checkbox"/> Davie County		<input type="checkbox"/> Mocksville
Property Owner's Name	Property Owner's Address	Property Owner's Telephone () - Home () - Cell
Project Name	Project Address/Location (if known)	Zoning District
Subdivision Name (If applicable):		Lot#
Applicant's Name (if different)	Applicant's Address (if different)	Applicant's Telephone () - Home () - Cell
Contractor's Name	Contractor's Telephone () -	General Contractor's License No.
Contractor's Address		Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <input type="checkbox"/> N/A Well Permit #
Brief Project Description:		Sewer Supply: <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> N/A Septic Permit #
Type of Structure:	Foundation Type:	
New SFD: <input type="checkbox"/>	Basement: <input type="checkbox"/>	
Addition: <input type="checkbox"/>	Vented Crawlspace: <input type="checkbox"/>	
Renovation: <input type="checkbox"/>	Sealed Crawlspace: <input type="checkbox"/>	
Fire Restoration: <input type="checkbox"/>	Slab on Grade: <input type="checkbox"/>	
Accessory Structure: <input type="checkbox"/>		
Construction Cost: \$	Total Square Feet:	
I hereby attest the information provided on this application and any additional information submitted pertaining to this application is true and accurate. Should the use of the property and/or structures change, I understand additional permits may be required. In addition, I understand plan review cannot cover all aspects of constructions and therefore any work done will be required to meet all applicable local and state codes.		
Applicant's Signature: _____	Owner's Signature: _____	
Applicant's Name (Print): _____	Owner's Name (Print): _____	
Date: ____/____/____	Date: ____/____/____	
Office Use Only		
Parcel # _____	Tax ID # _____	Zoning _____
Taxes	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

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Zoning Permit Application

PLEASE PRINT the following information clearly:

STREET # ADDRESS SUBDIVISION LOT #

Purpose for Application: _____

Approx. new/remodeled square footage: _____ Size of Lot: _____

Tax Map Parcel Number: _____ Zoning District: _____

Business Name: _____ Phone #: _____

Property Owner's Name: _____ Phone #: _____

Address: (if different than above) _____

Applicant's Name: (if different than above) _____

Address: (if different than above) _____ Phone #: _____

Fax #: _____ Email: _____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit. I further understand that plan review cannot cover all aspects of construction and any work done shall be required to meet all applicable local and state codes.

Applicant's Signature _____ Date _____

*****DO NOT WRITE BELOW THIS LINE*****

Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance.

Additional Remarks/Conditions:

Zoning Administrator _____

Date _____

RESIDENTIAL SITE PLAN REQUIRED

MINIMUM 8½" X 11" size paper at a scale of 1" = 20' showing the proposed structure with all the following if applicable:

- Name, address, phone number of applicant and owner, and property (site) address
- Drawing scale
- Property lines & dimensions (***If survey or recorded plat available, please utilize**)
- Existing and proposed on-site sewer, water, and drainage ditch/easements
- Existing improvements on property (house, garage, shed, deck, etc.) Label and provide dimensions and square feet.
- Location, height and square footage (dimensions) of addition or new building
- Label distances from the existing and proposed structures to property lines and other buildings on the site
- Label streets (Public and Private)-Road and highway rights-of-way shall not be determined as a part of a lot or any required yard or open space.
- Location of easements (power, telephone, gas, etc...if applicable)
- Driveway location for existing and proposed driveways
- Frontage improvements (sidewalk, curb and gutter, etc. if applicable)

NOTE: All lots created after October 2005 should have a recorded survey plat. GoMaps will not be considered an acceptable site plan for these lots.

NOTE: No application shall be considered complete unless all the above information is attached. The Zoning Administrator may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request. A copy of a scaled drawing which shows the shape and dimension of the lot to be used, the shape and dimension of all types of existing and proposed uses and structures, and the location of rights-of-way on the lot. The drawing must also show the location of existing or proposed parking and landscaping required as well as enough detail to indicate the intent to comply with all applicable design and use standards.

