



**TOWN OF PRINCEVILLE ZONING CERTIFICATE**  
**P O BOX 1527**  
**201 SOUTH MAIN STREET**  
**PRINCEVILLE NC 27886**  
**(252) 823-1057**  
**FAX: (252) 289-5388**

<b>DATE</b>
<b>PERMIT NUMBER</b>

<b>PERMIT CLASS</b>		<b>APPLICATION/CURRENT ADDRESS</b>	
<b>PARCEL NUMBER</b>	<b>ZONING</b>		
<b>ASSIGNED ADDRESS</b>		<b>PHONE NUMBER</b>	
<b>PROPERTY OWNER:</b>		<b>TOWNSHIP:</b>	
<b>PHONE NUMBER:</b>		<b>CENSUS TRACT:</b>	

**LOCATION:**  
\_\_\_\_\_

**Permit to:**

<input type="checkbox"/> erect a structure	<input type="checkbox"/> relocate a structure	<input type="checkbox"/> other (explain)
<input type="checkbox"/> place a mobile home	<input type="checkbox"/> add to existing structure	_____

Type of Use: \_\_\_\_\_      Watershed: \_\_\_\_\_      Flood Hazard: \_\_\_\_\_

**MAIN STRUCTURE INFORMATION**

Lot Size: \_\_\_\_\_      Front Yard (in feet): \_\_\_\_\_

Height (Stores in feet): \_\_\_\_\_      Side Yards: Interior: \_\_\_\_\_      Corner: \_\_\_\_\_

No. of family units: \_\_\_\_\_      Rear Yard: \_\_\_\_\_

**ACCESSORY BUILDING INFORMATION**

Description (including use): \_\_\_\_\_      Setback from rear lot lines: \_\_\_\_\_

\_\_\_\_\_      Setback from side lot lines: \_\_\_\_\_

Height: \_\_\_\_\_      Setback from main bldg.: \_\_\_\_\_

The provisions of the Town of Princeville Zoning Ordinance requirements and where at variance with requirements of other lawfully adopted regulations, the most restrictive or that imposing the higher standards shall govern.

**Signature of Applicant** \_\_\_\_\_

**Signature of Zoning Enforcement** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments** \_\_\_\_\_

Permit to construct or repair shall be void and of no effect if construction hereunder is not begun within six (6) months from this date.