



**Zoning Permit/Site Plan Review Application**

Town of Morehead City  
Planning and Inspections Department  
706 Arendell Street  
Morehead City, NC 28557  
Phone: (252) 726-6848, ext. 125  
Fax: (252) 726-2267

This application must be completed in full. Upon receipt of a complete application staff will begin review for compliance with the Unified Development Ordinance (UDO).

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***CHECKLIST OF THE SUBMISSION OF A ZONING PERMIT APPLICATION***

Completed Zoning Permit application completely filled out

One (1) copy of survey/plot plan drawn to scale in reproducible format (no larger than 11" X 17") or submitted in digital format (.jpg, .bmp or .pdf) showing:

existing structures (buildings, fences, signs, etc.) with dimensions

proposed construction with dimensions

setbacks of existing and proposed structures from property lines

location of underground facilities (i.e., septic tank, storage tanks, etc.)

north arrow

curb cuts (existing or proposed)

adjacent road names or alleyways

easements

Any homeowners association approval or DMCRA (Downtown Morehead City Revitalization Association) approval documentation, if applicable

Two sets of drawings, if applicable

Zoning Permit Application  
Town of Morehead City, NC

1. Proposed *Use*/Type Occupancy: \_\_\_\_\_

Name of Occupant/Business: \_\_\_\_\_

2. ***Address:*** \_\_\_\_\_

Legal Description: \_\_\_\_\_

3. ***Property Owner:***

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. ***Occupant:***

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

5. ***Applicant:***

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

6. General *description of proposed work* to be performed:

*Owner/Agent Signature:* \_\_\_\_\_

*Date Submitted:* \_\_\_\_\_ *Typed Name* \_\_\_\_\_