

TOWN OF LAKE LURE
CERTIFICATE OF ZONING COMPLIANCE APPLICATION

Review Fee \$ _____ (See Page 4)

Permit No. ZP-

<small>Official Use Only</small>	
Approved: _____	
Rejected: _____	_____
Foundation Survey Required: _____	Zoning Administrator Date: _____

Complete all applicable Sections

PERSON MAKING APPLICATION:

Name: _____

Address: _____

Daytime Phone: _____ Email Address: _____

INFORMATION REGARDING PROPERTY TO BE IMPROVED:

Parcel Identification Number: _____ Zoning District: _____

Property Address: _____ Lot Area (Acres): _____

Owner: _____ Square Feet
of Improvement: _____

Mailing Address: _____

Street Frontage: _____

Is this project located in a Floodplain
or Special Flood Hazard Area? _____ Lake Frontage: _____

NOTE*

Property information can be found by visiting rutherfordcounty.connectgis.com.

Flood plain information can be found by visiting fris.nc.gov.

Any land disturbance greater than 2,000 square feet, or over 100 square feet within 35' of a watercourse requires a Land Disturbance Permit.

TYPE OF REQUEST:

Erect _____ Enlarge _____ Move _____ Alter _____ Demolish _____ Other: _____

Use/Change of Use (Describe) _____ Other (Specify) _____

TYPE OF STRUCTURE:

Deck _____

Single Family Dwelling _____

Stairs _____

Multi-Family Dwelling _____

Fence _____

Duplex _____

Addition _____

Apartment _____

Retaining Wall _____

Commercial Building _____

Commercial _____

Other: _____

NOTE*

If any part of a structure is to be located **within 5 feet** of any required yard (setback) a **survey by a registered land surveyor or civil engineer** shall be submitted as required by § 92.064A of the Town’s Zoning Regulations.

Street-front setbacks are measured from the center of the street, and decks and overhangs may not encroach into required setbacks. See § 92.040 “Building Site-Minimum Dimensional Requirements” of the Town’s Zoning Regulations for more information.

Commercial structures may require an inspection be performed by Lake Lure Fire Department prior to the issuance of a zoning and building permit.

TYPE OF WATER AND SEWER SYSTEMS:

Water system: Public (Town) _____ Carolina Water Systems: _____

Individual Well: _____ Other: _____

Sewer system: Public (Town) _____ Carolina Water Systems: _____

Septic Tank: _____ Other: _____

NOTE*

If a connection is to be made to the Town’s water or sewer system(s), a Utility Service Agreement or waiver of liability from the Town is required with application. The application is available on the Town’s website or by emailing cs@townoflakeure.com

If a well and/or septic tank is to be utilized, proof of approval from the Foothills Health Department is required before a zoning permit can be issued. Please visit foothillshd.org for more information.

ZONING COMPLIANCE APPLICATION CHECKLIST:

The application is not complete until all of the additional documents below have been submitted:

_____ **Site plan** drawn to scale, showing the actual dimensions of the lot to be built upon, the sizes and location of all existing buildings or other structures and their location on the lot, and the size, shape, and location on the lot of all buildings or structures proposed to be erected or altered. (Site plan can be drawn on a copy of a survey or satellite image).

_____ **Building plan** drawn to scale, showing materials to be used, dimensions, and total elevation from grade. The construction of buildings require the height measured from the average finished grade at building foundation line.

_____ **Short written description** of the proposed project. Include construction sequence or phases on a separate document if needed.

_____ **Water and/or sewer approval(s)** if a connection is to be made to the Town’s water or sewer system(s) a Utilities Service Agreement or “waiver of liability” from the Town is required. Proof of approval from the Foothills Health Department is also required.

NOTE*

The Zoning Administrator will contact you for further information as needed to complete the review process and may consult with such qualified personnel as surveyors, geotechnical engineers, tree protection officer, erosion control officer, and others as needed for assistance to determine if the application meets the requirements of the Town’s Regulations.

If work has not commenced within six months of the date of the issuance of the certificate of zoning compliance, or if work begins and then ceases for a period of 12 months, the certificate of zoning compliance shall become invalid.

<i>I hereby swear (affirm) that this application for a Zoning Compliance Permit, along with all supporting documentation, is accurate and correct to the best of my understanding and knowledge and I agree to comply with all requirements of the Town of Lake Lure zoning ordinance.</i>	
_____	_____
Signature of Property Owner (Required)	Date
_____	_____
Signature of Applicant (If not property owner)	Date

The Town does not accept digital applications at this time. Please mail or drop off completed applications with review fee to:

Attn: CDD
Lake Lure Municipal Center
2948 Memorial Hwy
Lake Lure, NC 28746

ADDITIONAL INFORMATION:

Payments can be made by check to the Town of Lake Lure, or by phone (3% fee charge by financial institution).

Fee Schedule	Applicable Projects
Class I \$130	Stairs and Access Structures, Fences, Retaining Walls, Trams, et al.
Class II \$155	Decks, Additions, New Residences, Sheds, et al.
Class III \$180	Residential Projects subject to Mountain and Hillside Development (above 30% slope)
Class IV \$205	Commercial Projects, Level II Mountain and Hillside Development, Cell Towers

A Rutherford County Building Permit may be required for projects that require a zoning permit. Contact permits@rutherfordcountync.gov for more information. A zoning permit is required before a Rutherford County Building Permit can be issued.

Heavy or oversize load transporting on Town roads shall require a Road Closure Permit. Contact the Community Development Department for a map of Town owned roads and more information.

Construction projects shall require a Damage Assessment Report to be completed before the start of projects that impact Town owned infrastructure. Inspections can be scheduled by contacting publicworks@townoflakelure.com

LAKE LURE DAMAGE ASSESSMENT REPORT					
PROJECT NAME: _____		CZC #:			
ADDRESS: _____		PIN: _____			
PART I. PRE-CONSTRUCTION INSPECTION					
INITIAL INSPECTION DATE: _____					
PUBLIC WORKS DIRECTOR SIGNATURE: _____				DATE: _____	
APPLICANT SIGNATURE: _____				DATE: _____	
Attach photos of each improvement					
	Poor	Fair	Good	Excellent	Notes:
Street Surface:					
Street Shoulders:					
Ditches:					
Catchbasins:					
Culverts:					
Water:					
Sewer:					
Bridges					
Sidewalks:					
Streetlights:					
Signs/ Sign Posts:					
Other:					
PART II. POST-CONSTRUCTION INSPECTION					
FINAL INSPECTION DATE: _____					
PUBLIC WORKS DIRECTOR SIGNATURE: _____				DATE: _____	
APPLICANT SIGNATURE: _____				DATE: _____	
Attach photos of each improvement					
	Poor	Fair	Good	Excellent	Notes:
Street Surface:					
Street Shoulders:					
Ditches:					
Catchbasins:					
Culverts:					
Water:					
Sewer:					
Bridges					
Sidewalks:					
Streetlights:					
Signs/ Sign Posts:					
Other:					
Damage to public infrastructure: Yes or No					
If there is no damage to public infrastructure, then this form should be signed by the Public Works Director, and forwarded to the Zoning Administrator. Date Public Works Director determined that there was no damage resulting from the project in which this CZC was issued: _____					
Summary of damage that resulted from the construction of this project: _____					
Date damaged property repaired and approved by the Public Works Director: _____					