

**TOWN OF MILLS RIVER
ZONING PERMIT**

The undersigned do (does) hereby make application to: _____

At: _____

Lot No. _____ Area of Lot Sq. Ft. _____

Use (as defined in Ordinance) _____

Use District Zone _____

If permit is granted (print name) _____ agree to conform to all Ordinances of the Town of Mills River, NC and the Laws of the State of North Carolina regulating such work.

(SIGNED) Applicant: _____
(Owner) (Agent of owner)

Address: _____

Phone Number _____

Town Use Only

MINIMUM DIMENSIONAL REQUIREMENTS

Setbacks: Front _____ Side _____ Rear _____
Height _____ Lot Size _____ Council District _____

Remarks: _____

Received by _____ Date Received _____

\$ _____

Fee Paid _____ Received by _____ Method _____

APPROVED: _____
Zoning Official _____ Date _____

REJECTED: _____
Zoning Official _____ Date _____