



Permit #: _____
 Fee: \$ _____; Receipt No. _____
 Payment Method: Ck# _____
 Cash: ___ Other: ___ Pay Date: _____
 Application Received: _____

**TOWN OF ARCHER LODGE
 DEVELOPMENT PERMIT APPLICATION**

1. Check Applicable Type of Permit(s) and Use:

- Zoning Compliance Permit Watershed Protection Permit Floodplain Development Permit
-
- New Construction – Single Family (stick built/modular) Double Wide Manufactured Home – Year: _____
 Structural Addition/Modification Single Wide Manufactured Home – Year: _____
 Accessory Use (i.e., deck, shed) Dimensions: _____ Other: _____

2. Proposed building/structure square footage: _____; Stories: _____; and height (measured in ft. from average grade to peak of roof/structure: _____; Proposed use: _____; Cost of Construction: _____

3. Property Owner: _____ Phone: _____
 Address: _____ Email: _____

4. Applicant/Agent: _____ Phone: _____
 Address: _____ Email: _____

5. Site Address: _____ Subdivision: _____ Lot _____

6. Site PIN# _____ or Tax Tag ID # _____ Lot size (acreage): _____

7. Utilities (check all that apply): County Water: ___; Well: ___; County Sewer: ___; Septic: ___

8. Please include the following information with the application:

- Sketch plan, drawn to scale, showing - lot boundaries, building setback lines, buildings locations - principle use and accessory (existing and proposed), driveway/sidewalks, impervious surface areas on the lot (existing and proposed) and applicable square footage totals, easements, streams, buffers, wetlands, and floodplains.
- Copy of Johnston County Improvement Permit if the lot is served by a septic system.
- Copy of Property Deed; and, if you are not the property owner applying for the permit, the property owner must give you written consent to apply for the permit. (A blank consent for is included in the application material on page 3.)
- Other: _____

Note: Additional information, including property survey, may be required upon review of the application and attachments to determine compliance with ordinance provisions. Contact the Town Planner if you have any questions regarding the above at 919.359.9727 or e-mail julie.maybee@archerlodgenc.gov. Ordinance provisions can be viewed on the Towns website: <https://www.archerlodgenc.gov/planning-zoning>; and the permitting process is outlined on the Town's website at <https://www.archerlodgenc.gov/PermittingProcess>

9. **Applicants Certification:** I certify that all the statements made in this application and any attached documentation are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in the rejection of this permit or subsequent revocation of this permit. Authorized town officials are granted right of entry to make evaluations or inspections as to compliance and to release information upon public request. I understand that additional State and County permits may be required prior to occupancy of requested use. I further understand that a Zoning Certificate of Compliance shall be required and issued by the Town of Archer Lodge prior to the occupancy and/or commencement of operations of the proposed use.

Print Name

Signature of Applicant

Date

¹ Application for single family dwellings (including manufactured homes) or duplexes, residential additions (alterations), accessory structures or accessory uses on a lot.

AGENT AUTHORIZATION / OWNER'S CONSENT FORM

AGENT/APPLICANT INFORMATION:

(Name)

(Address)

(City, State, Zip)

I hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents.

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

Name

Address

City, State, Zip

Owner's Signature

Date

OFFICIAL USE – STAFF ANALYSIS

Permit #: _____ Zoning District: _____ Lot Size: _____

Application Received on: _____ Application Complete? Y/N

Associated Subdivision/Project Approval(s): _____

Flood Zone: _____ FIRM Map/Panel: _____

Special Flood Hazard Area: Yes No Permit required? Y/N

Water Supply Watershed Protection District: Yes No Permit required? Y/N

Utility Services: Public Water Well Public Sewer Septic System

Is Structure in the Right-of-Way of any of the following (check all that apply):

Utilities Easement NCDOT ROAD or Other Road or sight triangle Proposed Thoroughfare/Shared Use Path None

	Required	Provided
Lot Area		
% of Impervious Surface		
Lot Width		
Setbacks		
Front		
Side		
Rear		
Max Building Height - Principal		
Max Building Height - Accessory		
Accessory Building Setbacks		

Comments:
