



# Town of Carthage

4396 Hwy 15/501 • Carthage, NC 28327

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www.TownofCarthage.org

Email Completed Form to: JMSandoval.admin@TownofCarthage.org

## DEVELOPMENT APPLICATION & PERMIT APPROVAL FORM

Applicant's Name: \_\_\_\_\_

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

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

This is to certify that \_\_\_\_\_ has applied to the Town of Carthage for a Development Permit to do one or more of the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Build a new residence      | <input type="checkbox"/> Add an accessory use        | <input type="checkbox"/> Alter a commercial building |
| <input type="checkbox"/> Alter a residence          | <input type="checkbox"/> Open a home occupation      | <input type="checkbox"/> Alter a commercial use      |
| <input type="checkbox"/> Demolish a residence       | <input type="checkbox"/> Open a business             | <input type="checkbox"/> Install a mobile home       |
| <input type="checkbox"/> Add an accessory structure | <input type="checkbox"/> Build a commercial building | <input type="checkbox"/> Erect or install a sign     |

The address for the proposed project is: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Fee: \$ \_\_\_\_\_

Parcel ID/LRK: \_\_\_\_\_

☐ Floodplain

☐ Watershed

☐ Public Sewer

☐ Public Water

Property Owner: \_\_\_\_\_

☐ Septic

☐ Well

The Zoning Classification of the property is: ☐ CZ ☐ RA40 ☐ R20 ☐ R10 ☐ RM10 ☐ RMH ☐ RHD

☐ CBD ☐ B2 ☐ TBD ☐ HCD ☐ AP ☐ SR ☐ I

Required building setbacks are as follows: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Corner: \_\_\_\_\_ Max Height: \_\_\_\_\_

Comments: \_\_\_\_\_

Based upon the provided information, a Development Permit is granted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the Authority of the DEVELOPMENT Administrator of the Town of Carthage, NC.

*\*If the project changes, please check with the Town to see if other approvals are required.\**

\_\_\_\_\_  
Town of Carthage Development Administrator  
or Representative

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner/Authorized Rep Signature

\_\_\_\_\_  
Date

*This institution is an equal opportunity provider and employer.*