



Zoning Compliance Permit Application

office use only	
Fee: \$75-\$500	Fee Paid: _____
	Date Paid: _____
Zoning Permit No. _____	
Approved Date _____	

Contact Information

APPLICANT:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

PROPERTY OWNER:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

Property Information

Physical Street Address: _____

Location: _____

Parcel Identification No: _____

Total Parcel(s) Acreage: _____

Existing Land Use of Property _____

Request

Project Name: _____

Proposed Use of the Property: _____

Current Value of Existing Structure: _____ Proposed Costs of Improvements: _____

Percentage of Improvement Costs to Value of Structure: _____

Narrative of request: _____

I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this process shall become public record.

Property Owner(s)/Applicant*

Date

***NOTE: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**

Approved by: _____ Date: _____

Zoning Compliance Permit Design Standards Checklist

The table below depicts the design standards of the site plan for a zoning compliance application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

Zoning Compliance Permit

Plan Design Standards Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Site Plan Design Standards

General		
1	Property owner name, address, phone number, and email address	
2	Site address and parcel identification number	
3	North arrow and scale to be 1" = 100' or larger	
4	Existing zoning classification of the property	
5	Scaled drawing showing property lines, existing and proposed development, vehicular use areas and landscaping	
Flood Damage Prevention, if applicable		
6	Boundary of the Special Flood Hazard Area (SFHA), Floodway, Coastal Barrier Resource System (CBRS) Area, water course relocation, or a statement that the entire lot is within a specific SFHA	
Other		
7	Other documentation deemed necessary by the zoning officer	

Zoning Compliance Permit Design Standards Checklist

Staff will use the following checklist to determine the completeness of your application. Please make sure all of the listed items are included. Staff shall not process an application for further review until it is determined to be complete.

Zoning Compliance Permit Submittal Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Zoning Compliance Permit Submittal Checklist

1	Completed Zoning Compliance Permit Application	
2	Site plan, if applicable	
3	Documentation deemed necessary by zoning officer	
4	1 hard copy of ALL documents	

For Staff Only

Pre-application Conference (Optional)

Pre-application Conference was held on _____ and the following people were present:

Comments

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Fees Due

Name: _____

Address for Zoning Compliance: _____

Fees Due: _____

Total Paid: _____

Date: _____

NOTES:

✓	Due	Fee	Description
		\$75-\$500	Zoning Permit
		\$30	Water Connection Fee
		\$1500	Water Tap – New Residence Inside Town
		\$950	Water Tap – Existing Residence Inside Town
		\$2000	Water Tap – Outside Town Residence
		500	Irrigation Meter (must be an existing tap)
		\$850	Sewer Tap – New Residence Inside Town (already in place)
		\$350	Sewer Tap – Existing Residence Inside Town (already in place)
		\$1500	Sewer Tap – Outside Town Residence (already in place)
		\$3000	Road Bore – State Road
		\$850	Road Bore – Open Cut
		\$5300	E-1 Pump
		\$706 and up	System Development Fees – See Below Meter Size: _____
		\$5.25	1" Meter Recurring Charge
		\$15.28	2" Meter Recurring Charge

SYSTEM DEVELOPMENT FEES

Effective as of September 19, 2022

Meter Size	Water Capacity Cost	Sewer Capacity Cost	Total Capacity Cost
5/8	\$ 706.00	\$ 2,376.00	\$ 3,080.00
1	\$ 1,764.00	\$ 5,940.00	\$ 7,700.00
1 1/2	\$ 3,528.00	\$ 11,880.00	\$ 15,400.00
2	\$ 5,645.00	\$ 19,008.00	\$ 24,650.00
3	\$ 11,290.00	\$ 38,016.00	\$ 49,300.00
4	\$ 17,640.00	\$ 59,400.00	\$ 77,040.00
6	\$ 35,280.00	\$ 118,800.00	\$ 154,080.00
8	\$ 56,448.00	\$ 190,080.00	\$ 246,520.00
10	\$ 81,144.00	\$ 273,240.00	\$ 354,380.00
12	\$ 151,704.00	\$ 510,840.00	\$ 662,540.00

Copies to:

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Water/Sewer Service Application

office use:

<input type="checkbox"/> Entered into FMS
<input type="checkbox"/> File (Date _____)

Date Entered:

First Bill Date:

Town of Oakboro - Water/Sewer/Garbage Service Application

Name:	FIRST	MIDDLE	LAST
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Own <input type="checkbox"/> Rent <input type="checkbox"/>	SSN:	Phone:
(If renting, who is landlord? _____)		

SERVICE ADDRESS FOR WATER TO BE PROVIDED:	MOVE IN DATE
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MAILING ADDRESS:	CITY	STATE	ZIP
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Email Address	
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I would like my bill to be: Mailed Emailed (You can only choose one)

WOULD YOU LIKE FOR YOUR WATER BILL TO BE DRAFTED? YES NO If yes, please fill out back

FEES - DUE PRIOR TO CONNECTION OF SERVICE

Water Connection Fee: \$30 Rental Deposit (if applicable): \$120

SIGNATURES

Disclaimer: I understand that payment of the monthly utility bill with the Town of Oakboro is my sole responsibility while I am a tenant/resident of the above referenced property. All payments must be made by the 10th of each month. Late fees accrue on the 15th. It is my responsibility to contact Town Hall once I vacate the premises. The utility deposit (if applicable) may be applied toward the outstanding balance owed on my account. If the deposit isn't sufficient to cover the balance, then it is my responsibility to pay the remaining balance in full. If the deposit is in excess of the balance owed, the Town of Oakboro will refund the overpayment if a forwarding address is provided. If no deposit was required, then I am responsible for the entire balance upon closing of my account. I understand that my social security number is requested for debt collection purposes.

Customer	Date
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Town Employee	Date
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Town Use Only

Fees Paid: \$	Date Fees Paid:	Date Deposit Entered into FMS:
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Services	Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> Irrigation <input type="checkbox"/>	Inside Town Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
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Meter Reading:	Date:	Former Occupant:
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Automatic Draft Form

office use:

Date Entered:	<input type="checkbox"/> Selected Email Bill <input type="checkbox"/> Selected Email <input type="checkbox"/> Selected Draft YN <input type="checkbox"/> Selected Draft Bank
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Town of Oakboro

Utility Biling - Automatic Bank Draft Form

If you wish to begin this process & change your payment to draft, please fill out the required information below & return to Town Hall.

Your beginning draft date will depend on the date this form is received . Please also included a voided check attached to this form if possible.

Account type: Checking Savings

Bank:

Routing Number:

Account Number:

Please check one:

I wish to continue receiving my monthly bill in the mail.

I do not need a monthly bill mailed & will use my bank statement as my record.

I would like to receive an email of my bill providing my gallons used & amount due.

My email address is: _____

Name on Water/Sewer Account:	
Service Address	
Phone Number	

By signing below, I give the Town of Red Cross permission to draft from my specified bank account the monthly bill for utility services for the Town. The draft date will be on the 10th of each month. If the 10th falls on a weekend or bank holiday, the draft will be the Monday or day after. I have attached a voided check if I have one from the account to be drafted.

Signature of Account Holder: