TOWN OF BOGUE

121 CHIMNEY BRANCH ROAD

BOGUE, NC 28570

OFFICE: 252.393.3055 FAX: 252.764.0845

INSTRUCTIONS FOR APPLICATION FOR ZONING PERMIT

The following information is needed when making an application for a zoning permit:

a. Carteret County Tax Parcel ID Number, name, address, phone number of property owner.
b. Plot plan showing the actual dimensions of the lot to be developed. The plot plan drawn to scale when the development is in business, industrial, office/professional, and church campus districts.
c. Location of existing and proposed buildings, including setbacks.
d. Size of proposed building and, in the case of a commercial structure, interior floor plans when necessary for determination to be made under other sections of the town's ordinance.
e. Number and location of parking spaces for commercial structure.
f. Location and dimensions of proposed and existing signs, including setbacks.
g. Payment for permit (check Fee Schedule for the Town of Bogue)

An approved Zoning/Development Application **is not** a building permit and **does not** allow the applicant to commence construction. A building permit **must** be obtained from the Carteret County Building Inspections Department prior to the start of construction. This Zoning/Development Application is the mandatory first step in obtaining a building permit from Carteret County.

A request for refund of the STREET DEPOSIT must be made with a copy of the Certificate of Occupancy (CO) by the property owner and/or developer no later than six (6) months after issuance of CO. If the request along with the CO is not received within the six (6) month period, the deposit will be forfeited.

NOTE: In accordance with the Town of Bogue Zoning Ordinance, this Zoning Permit will lapse and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or if the work authorized by it is suspended or abandoned for one year.

By signing below the applicant certifies that they understand all the applicable rules and regulations concerning the proposed project and affirms that they will abide by them and will obtain all other necessary permits prior to construction.

SIGNATURE OF APPLICANT_____

DATE_____

APPROVED BY_____

DATE_____

TOWN OF BOGUE
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BOGUE, NC 28570
OFFICE: 252.393.3055 **FAX:** 252.764.0845 **EMAIL:** boguetown@bizec.rr.com

Date_____ Tax Parcel ID Number_____

Applicant Name_____ Phone Number_____

Address_____

Site Address_____

Type of Development_____

Temporary Use Start Date:_____ Temporary Use End Date:_____

RESIDENTIAL USES:

JURISDICTION: **BOGUE** ZONE _____ LOT WIDTH_____ LOT AREA_____

EXISTING STRUCTURES_____ MAX BLDG HEIGHT **35 feet** HEIGHT CERTIFICATE_____

PROPOSED USE_____ PERMITTED/SPECIAL USE_____

SET BACKS: FRONT _____ SIDE _____ REAR _____

STREET DEPOSIT _____ ACCESSORY _____ ON CORNER_____

COMMERCIAL/INDUSTRIAL USES: LOT AREA_____

JURISDICTION: **BOGUE** ZONE _____ TYPE OF BUSINESS_____

EXISTING STRUCTURES_____ MAX BLDG HEIGHT **35 feet** HEIGHT CERTIFICATE_____

PROPOSED USE_____ PERMITTED/SPECIAL USE_____

SET BACKS: FRONT _____ SIDE _____ REAR _____

STREET DEPOSIT _____ ACCESSORY _____ ON CORNER_____

REQUIRED PARKING_____ BUFFERING REQUIREMENT_____

PLANNING/ZONING PERMIT: SIGNS:

TYPE OF SIGN _____ REQUIREMENTS _____

RENDERING APPROVED _____

COMMENTS: attach additional sheets if necessary

AIR INSTALLATION COMPATIBLE USE ZONES

DISCLOSURE FORM

For use prior to building permit

The property at the following location:

Parcel ID:_____

Address: _____

For which a building permit has been requested is situated within the following zones of the Air Installation Compatible Use Zones (AICUZ) of the Marine Corps Air Station (MCAS) Auxiliary Landing Field Bogue.

____ Clear Zone (CZ): Greatest potential for accidents and highest noise exposure
____ Compatible Use Zone 1 (CUZ 1): Area in close proximity to air base operations
____ Compatible Use Zone 2 (CUZ 2): Area in proximity to air base operations
____ Noise Exposure Level N3 (75 ldn or higher): Area of significant noise impact
____ Noise Exposure Level N2 (65 to 74 ldn): Area of moderate noise impact
____ Noise Exposure Level N1 (below 65 ldn): Area of low noise impact

Town of Bogue has placed certain use restrictions and requirements on the development of property within the MCAS AICUZ footprint. Before developing the above property, you should consult the Town of Bogue to determine what restrictions and requirements have been placed on the subject property.

For properties identified as being within the Noise Exposure Level Zones, the Town of Bogue and Carteret County Department of Planning and Development provides information for voluntary methods to reduce noise levels for existing or proposed development.

I, _____, owner/agent of the subject property, hereby certify the Town of Bogue has informed me that the subject property is located in the Air Installation Compatible Use Zone.

_____ _____

Owner/Agent Date

(Am. Ord. passed 4-19-2005)