

# PERMIT – Zoning (Variance, Rezoning, and/or Annexation)

(Revised June 2023)

Date: \_\_\_\_\_

**REQUEST:**  
**(Circle one)**

Variance \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

Rezoning \_\_\_\_\_

\$ 500.00 for Re-Zoning/Annexation (To be determined)

Requested Zoning: (\_\_\_\_\_) \_\_\_\_\_

Note: Additional Fees Possible for Re-Zoning/Annexation

Annexation \_\_\_\_\_

\*Basic Variance = Lot Setback Variances, up to 20% = \$ 100

**\*FEE PAID – Y or N**

**(Fee must be paid prior to application consideration.)**

**APPLICANTS NAME:** \_\_\_\_\_

Is applicant the owner of the property? YES / NO

If not, are you the tenant? YES / NO

**If tenant, please have owner review this permit application and all proposed documents, support information and other pertinent data submitted with application and their signature designating their approval of your proposed sign for their property.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address/Phone Number of Owner: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**LEGAL ADDRESS OF PROPERTY** (As assigned by the Rutherford County 911 System)

\_\_\_\_\_  
\_\_\_\_\_

**What Other Permits (may) be required to complete this activity? Please list. (Zoning Administrator will also review this section with applicant.)**

\_\_\_\_\_

**PROPOSED CHANGE OR EXPLANATION OF REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required/Requested Attachments for Application:**

- Please prepare and include a detailed narrative of the project
- Any Sketch of boundary changes or of any affects specific to proposed request
- Location on property showing structural footprints, setbacks to streets, buildings, property lines
- Sketch of graphic drawings showing any request or changes or designs
- Copy of this signed application (As signed by Owner or Owner and Tenant as applicable)
- Any other requested diagrams, sketches or documents as may be required by the Zoning Administrator, Planning Board of the Village Council.

- I attest that all documents provided are true and correct. I understand that providing incorrect information may cause permit to be denied or an issued permit to be revoked. I further understand that the application may require certain timeframes for reviews or public hearings as prescribed by law or ordinance and immediate review and approval may not be possible. The Village may take up to 180 days from the date of receipt of all documents and or information required or requested to assist in their review, consideration and decisions.

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

Print Name: \_\_\_\_\_

Applications may be submitted by mail or email:

Chimney Rock Village  
P.O. Box 300  
Chimney Rock, North Carolina 28720

Or by Email to:

[tevierides@aol.com](mailto:tevierides@aol.com) (Direct to Zoning Administrator)

[ChimneyRockVillageGov@gmail.com](mailto:ChimneyRockVillageGov@gmail.com)

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TO BE COMPLETED BY ZONING ADMINISRTATOR:

Current Zoning for Property: \_\_\_\_\_

Administrative Review: YES / NO (or) Requires Recommendation to Planning Board

- Approved / Denied
- Recommendation to Planning Board: \_\_\_\_\_
  - See attached details (as necessary)

Requires Planning Board Review and Village Council Approval: YES / NO

Public Hearing(s) Required: YES / NO

- Public Hearing Date(s): \_\_\_\_\_

Chimney Rock Village Council Review and Consideration Date: \_\_\_\_\_

Approved / Denied

(Attach any requirements, conditions or explanations attached)

ZONING ADMINSTRATOR: \_\_\_\_\_  
(Signature) Date