Town of Mooresville Application for Zoning Approval
(Use this form for Zoning Permit Approvals, Change of Use)

Application and plat/drawings may be returned by fax, mail, email or in person.

Please allow a minimum of five (5) business days to process applications.
Fee: $50 ea. (nonrefundable)

Address for Permit ________________________________

Subdivision ______________________________________ Lot # ____________

Parcel Number (PIN) # ____________________________ (If Available)

Property Owner’s Name ____________________________

Address _________________________________________

Phone ____________________________ Cell # ____________________________

Fax ________________________________ Email _________________________

Applicant (if different from owner)

Name ____________________________ Company Name ______________________

Address __________________________________ City/St/Zip ______________________

Phone ____________________________ Cell # ____________________________

Fax ________________________________ Email _________________________

Proposed Work/Use

New Single-Family Home w/o Irrigation
*with Irrigation

Residential Addition/ Renovation
* Swimming Pool/ Jacuzzi
Length _______ Width _______ Height _______

Residential Accessory Structure
Length _______ Width _______ Height _______

Home Occupation

Other ________________________________

Temporary Event/Banner/Tent

Applicant Initials _________________ * Subject to Backflow Prevention and Cross Connection Control Inspections

Acknowledgement of Nonrefundable fees

Payable by check, cash or credit card; Credit Card payment can be accept by phone. Checks should be made payable to the Town of Mooresville.

Town of Mooresville Development Services Department
413 North Main St., Mooresville, NC 28115
Phone: 704-662-7040 Fax: 704-662-7039
EMAIL: hposton@mooresvillenc.gov
        gmarchica@mooresvillenc.gov

Office Hours Mon.-Fri. 8:30 a.m. to 5:00 p.m  REV 04/18

Zoning ____________ (For Office Use Only)

Setbacks ____________________________

Permit # __________________________