



# Zoning Compliance Permit

## Review Process

### Contact Information

Pasquotank County  
Planning and Inspections  
206 E. Main Street  
Elizabeth City, NC 27909

Planning: 252.335.1891  
Inspections: 252.338.1144  
Fire Marshal: 252.335.1891  
Fax: 252.337.6733

Website: Applications Pasquotank County — <https://www.pasquotankcountync.org/applications>

### Step 1: Application Submittal and Acceptance

A zoning compliance permit is required for a change in use or commencement of an activity that does not require any other specific permit as listed in the Ordinance. The applicant must submit a complete application packet consisting of the following:

- Completed Pasquotank County Zoning Permit Plan Application.
- Site plan drawn to scale, if applicable. The plan shall include the items listed in the zoning compliance permit site plan design standards checklist.
- Any other documentation deemed necessary by the administrator.
- Number of Copies Submitted:
  - Hard copies of ALL documents

### Zoning Compliance Permit

On receiving an application, staff shall determine whether the application is complete or incomplete. A complete application contains all the information and materials listed above and is in sufficient detail to evaluate and determine whether it complies with appropriate review standards. If an application is determined to be incomplete, the applicant may correct the deficiencies and resubmit the application for completeness determination. Failure to resubmit a complete application within 45 calendar days after being determined incomplete will result in the application being considered withdrawn.

### Step 2: Staff Review and Action

Once an application is determined complete, it will be distributed to appropriate staff. Staff shall review and prepare a written report that will include any outstanding concerns with the application. The applicant must address any outstanding concerns for approval. Staff shall approve the application, provide approval subject to conditions regarding the application or disapprove the application. Conditions of approval shall be limited to those deemed necessary to ensure compliance with the standards of the UDO.



# Zoning & Compliance Permit Application

OFFICIAL USE ONLY

Case Number: \_\_\_\_\_  
Date Filled: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

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Contact Information

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APPLICANT:

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

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

Telephone: \_\_\_\_\_

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

PROPERTY OWNER:

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

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

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Property Information

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Physical Street Address: \_\_\_\_\_

Location: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Total Parcel(s) Acreage: \_\_\_\_\_

Existing Land use of Property: \_\_\_\_\_

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Request

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Business/Project Name: \_\_\_\_\_

Proposed Use of the Property: \_\_\_\_\_  
\_\_\_\_\_

Parking Spaces/Handicap: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Building Improvements:  New Construction  Existing

Narrative of request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Property Owner(s)/Applicant's Name

\_\_\_\_\_  
Date  
Zoning Compliance Application