

Application Number: _____

Date: _____

TOWN OF MILLS RIVER

"This institution is an equal opportunity provider."

PERMIT APPLICATION

Project Description:

Residential: _____ Non-Residential/Commercial: _____ (see Commercial Zoning Permit Checklist)

Dimensions (or approximate square footage): _____

Project Address: _____

Zoning District: _____

If permit is granted, I (print name) _____, agree to conform to all Ordinances of the Town of Mills River, NC, and the Laws of the State of North Carolina regulating such work.

Applicant: _____
(Owner/Agent of owner) signature

Address: _____

Phone number: _____

Email: _____

.....
Town Use ONLY

Minimum Dimensional Requirements

Building Height: _____

Setbacks: _____ front _____ rear _____ side

Watershed Classification: _____

Comments:

Received by: _____

Date: _____