

Note: Application must be complete and Application fee must be paid at time of submittal

TOWN OF GARNER

www.GarnerNC.gov

ZONING COMPLIANCE PERMIT – Accessory Structure

A plot plan or survey must be submitted along with completed application and filing fee.

OFFICE USE ONLY		
Permit Number: _____	Date: _____	Receipt: _____

An approved Zoning Compliance Permit is required prior to construction of certain residential accessory buildings. Residential accessory buildings, of up to 144 square feet in size and having no dimension larger than 12 feet, are not covered by North Carolina Building Code and do not require building permits. However, Section 5.4(b) of the Unified Development Ordinance (UDO) places restrictions on height, size and location of accessory buildings. The Zoning Compliance Permit insures compliance with the following:

- The maximum height of an accessory building other than a garage shall be 20 feet.
- The minimum setback from a side lot line is ten (10) feet;
- The minimum setback from a rear lot line is five (5) feet;
- If an easement or buffer exists along such a lot line, the minimum setback will be the same as the easement or buffer line if it is greater than the applicable minimum stated above;
- The floor area shall not exceed one-half the are of the principal building served, except in the R40 district

Property Location: _____
 Zoning: _____ Wake County PIN(s): _____

Please note any easements and/or buffers on the property and their type and size:

Type:	Size:	Setbacks:
Storage Shed _____	Length _____	Side _____
Workshop _____	Width _____	Rear _____
Other (please describe type and use) _____		

Number of existing accessory buildings: _____ Total area of existing accessory buildings: _____
 Area (square feet) of proposed building: _____ Area (square feet) of residence: _____

Please note that if any wiring or plumbing is proposed; or if the area of the building exceeds 144 square feet or 12 feet in any dimension, contact the Inspections Department for applicable permits and fees. This will be a separate application and fee from this permit process.

Applicant: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

Property Owner: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

SIGNATURES (REQUIRED)

Applicant – Printed	Applicant – Signature	Date
Property Owner – Printed (if other than applicant)	Property Owner	Date

OFFICE USE ONLY

_____ Zoning Verified	_____ Dimension 12' or less
_____ PIN Verified	_____ Total area less than 144 square feet
_____ Owner Verified	_____ Less than half of primary structure
_____ Setbacks Verified	_____ Buffers Verified
_____ Easements Verified	_____ Floodplain Verified
_____ on subdivision plat if available	

APPROVED BY:

Printed _____ Signature _____ Date _____