



**JACKSON COUNTY OFFICE OF PERMITTING & CODE ENFORCEMENT**  
**Land Development Application**

Sylva Office: 401 Grindstaff Cove Rd, Suite 145, Phone: 828-586-7560 / Fax: 828-586-7563  
 Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

For Office Use: Fee Paid?  Yes (Paid)  Not Required

Application number: \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

<b>PIN:</b>			<b>DATE:</b>		
Property Owner's Name (as listed on tax parcel):			Local Contact's / Agent's Name:		
Property Owner's Mailing Address:			Local Contact's/ Agent's Mailing Address:		
City	State	Zip	City	State	Zip
Property Owner's Phone Number:			Local Contact's/ Agent's Phone Number:		
Property Owner's E-MAIL Address:			Local Contact's/ Agent's E-MAIL Address:		
Contractor's Name (if known):			Contractor's Phone (if known):		

**PROJECT/SITE DATA**

Improvement Description: \_\_\_\_\_

1/2 or less acres       E/C Plan has been filed.     
 Building Size: \_\_\_\_\_      Power Provider: \_\_\_\_\_

Methods to be used for Erosion Control:

Silt Fence       Berm/Diversions       Temp. Gravel Construction Entrance  
 Seeding/Vegetation within 10 days of final grading       Other: \_\_\_\_\_

Utilities:  TWSA       Well       Septic       Other (Please specify \_\_\_\_\_)

Specific Directions to Site: \_\_\_\_\_

Gate Code: \_\_\_\_\_

**FOR OFFICE USE**

Site's Physical Address:		Parcel/Lot Size	
Subdivision Name:	Lot Number:	Township:	Municipality:
Fire District:	High Quality Water:	Stream Classification:	

**Is This Site Within:**  Watershed     Floodplain     Protected Ridge     County Zoning District

<input type="checkbox"/> SINGLE FAMILY RESIDENCE	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> ADDITION/REMODEL	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> MULTI FAMILY DEVELOPMENT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> SUBDIVISION DEVELOPMENT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> OFF PREMISE SIGN	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> MOBILE HOME PARKS	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> RETAIL/OFFICE BUILDING	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> COUNTY ZONING DISTRICT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
<input type="checkbox"/> INDUSTRIAL DEVELOPMENT	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING			
<input type="checkbox"/> HEAVY COMMERCIAL	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> MISC. GRADING		

**CERTIFICATION**

I hereby certify that the information given above, to the best of my knowledge, is true and correct. I am aware that the State and/or County staff can and will conduct periodic inspections of this project to ensure compliance.  
 I acknowledge that I have been informed of land use regulations subject to my property or development.  
 I understand that I must contact the Permitting Office at least one business day prior to any work commencing.  
 The signature below signifies full responsibility for all land disturbing activities on site.

Owner's/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved to proceed with permitting process when signed by Permit Center staff. \_\_\_\_\_ Date \_\_\_\_\_

*You may submit a completed, signed copy of this application to our office in person, by fax, or e-mail to [jcpermitcenter@jacksonnc.org](mailto:jcpermitcenter@jacksonnc.org). Fees may be required.*

TO BE FILLED OUT BY APPLICANT

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