



Town of Cajah's Mountain

Zoning Permit

Permit Number _____

Applicant's First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Owner's First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Proposed Activity _____ Property Size _____ PIN _____

- This permit will expire two (2) years from the date it is issued if work has not begun on the approved activity.
- This permit will expire if work is suspended or abandoned for a period of one year.
- This permit may be revoked if the applicant gives any false information.

Office Use Only

Zoning District _____

Utilities _____

Required Setbacks: Front _____ Rear _____ Side _____ Street Side _____

Manager's Signature _____ Date _____

**Only valid with manager's signature*

COMMENTS: _____