



# Town of Boiling Springs

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[www.BoilingSpringsNC.net](http://www.BoilingSpringsNC.net)

# JURISDICTION / VERIFICATION FORM

**THIS FORM IS ALSO USED  
 FOR LATTIMORE SEPTIC/SEWER CUSTOMERS  
 (THIS IS NOT A PERMIT)**

Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		
Property Owner:		
City:	State:	Zip Code:
Subdivision/Mobile Home Park:		Lot #:
Parcel No.:	Tax Map/Block/Lot No.	/ /

### PROPOSED DEVELOPMENT/USAGE

New <input type="checkbox"/>	Residential <input type="checkbox"/>	Primary <input type="checkbox"/>	Construction <input type="checkbox"/>	Subdivision <input type="checkbox"/>
Existing <input type="checkbox"/>	Single-Family <input type="checkbox"/>	Accessory <input type="checkbox"/>	Addition <input type="checkbox"/>	MH Park <input type="checkbox"/>
	Multi-Family <input type="checkbox"/>		Relocation <input type="checkbox"/>	Camp Ground <input type="checkbox"/>
	House <input type="checkbox"/>		Replacement <input type="checkbox"/>	
	MH <input type="checkbox"/>		Repair <input type="checkbox"/>	
	Business/Commercial <input type="checkbox"/>			
	Industrial <input type="checkbox"/>			
	Other <input type="checkbox"/>			

Explain:

County  City  Extra Territorial Jurisdiction (ETJ): Y / N

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### PROPOSED DEVELOPMENT/USAGE

#### ZONING JURISDICTION

Zoning Classification:

Census Tract: \_\_\_\_\_ Watershed: Y / N Watershed Class: \_\_\_\_\_ Critical Area: Y / N

Flood Plain: Y / N FEMA Panel #: \_\_\_\_\_ Municipal: **Water Y / N Sewer Y / N**

Lot Size/Acreage: \_\_\_\_\_ Minimum Required Lot Size: \_\_\_\_\_ Density: \_\_\_\_\_

#### REQUIRED SETBACKS (FROM PROPERTY LINE OR RIGHT OF WAY)

Principle Building Setback

Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_ Width at Building Line: \_\_\_\_\_

Accessory Building Setback

Rear: \_\_\_\_\_ Side: \_\_\_\_\_

#### ZONING RESTRICTIONS:

\_\_\_\_\_

\_\_\_\_\_

**TOWN CODE 50.200 WATER/SEWER CONNECTION REQUIRED UPON AVAILABILITY**

#### COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

#### PRELIMINARY APPROVAL Y / N

Official Representative \_\_\_\_\_ Date \_\_\_\_\_