

**WATERSHED PROTECTION PERMIT**

YANCEY CO BUILDING INSPECTOR  
202 MEDICAL CAMPUS DRIVE  
BURNSVILLE NC 28714  
828-682-7833

Please see page 2 for watershed  
Protection Permit Plan Checklist

**APPLICATION:**

<b>Applicant/Owner Name:</b>	<b>Date of Application:</b>						
<b>If Corporation, Name of Corporation and State:</b>							
<b>Project Address:</b>	<b>Telephone Number:</b>						
<b>Mailing Address:</b>	<b>Critical Area:</b> <table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td colspan="2"><b>Parcel Size:</b></td></tr><tr><td colspan="2"><b>Pin #:</b></td></tr></table>	YES	NO	<b>Parcel Size:</b>		<b>Pin #:</b>	
YES		NO					
<b>Parcel Size:</b>							
<b>Pin #:</b>							
<b>Watershed Name:</b>							
<b>DEED BOOK/PAGE:</b> <i>If more than one parcel of land, use separate sheet of paper.</i>							

<b>General Description of work to be completed under this application:</b>

I certify that the information shown above is true and accurate, and is in compliance with the conditions for a subdivision of land as defined in the Watershed Protection Ordinance.	
<b>Applicant Signature:</b> <i>Owner/Attorney in Fact:</i>	<b>Date:</b>

**For official Use Only----Do not complete**

**Date Received:** \_\_\_\_\_ **Date referred to Board:** \_\_\_\_\_

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FLOODPLAIN DEVELOPMENT PERMIT APPLICATION**

**(DEVELOPED BY THE NORTH CAROLINA DIVISION OF EMERGENCY MANAGEMENT)**

This form is to be filled out in duplicate:

**SECTION 1. General Provisions (APPLICANT to read and sign):**

1. No work of any kind may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Occupancy is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

(APPLICANTS SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

APPLICANT

BUILDER

ENGINEER

**PROJECT LOCATION:**

To avoid delay in processing the application, please provide enough information to easily identify the project location. Provide the street address, lot number or legal description (attach) and, outside urban areas, the distance to the nearest interesting road or well-known landmark. A sketch attached to the application showing the project location would be helpful.