



Alamance County

PLANNING DEPARTMENT
201 W Elm St
Graham, NC 27253
Tel. (336) 570-4053

Case Number: _____

Submittal Date: _____

Heavy Industrial Development Operations Permit Application

Applicant Name:	
Property Owner Name (if different):	
Project Name:	
Parcel Address:	
Parcel ID:	Acreage of Lot:
Proposed Use:	
Section(s) of the Ordinance being varied:	
Applicant Contact (phone & email):	

Instructions:

Please provide the following items:

- The application form has been fully completed, signed and notarized.
- Application fee. (\$60.00)

By signing this application, the applicant hereby certifies to the best of their knowledge the following statements are true:

1. The industry for which the Permit is being requested will at all times comply with the applicable regulations and standards imposed under this Ordinance.
2. No Permit issued to the applicant under this Ordinance, or under any successor Ordinance hereto, has ever been revoked.
3. The proposed industry is properly permitted under and complies with, and at all times will be maintained and operated and will continue to be permitted under, all rules, regulations, and other requirements imposed by D.O.T., D.E.Q., and any other applicable regulatory agency or governmental body.
4. The applicant is the owner or lessee of the tract or tracts on which the industry is located or is proposed to be located.



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5. The applicant has been duly issued an Intent-to-Construct Industrial Development Permit by the Planning Department for the same proposed use, which Permit is still valid as of the date of filing of the application for the Operations Industrial Development Permit.

Statement of Acceptance:

I swear/affirm that the information provided in this application is true and accurate to the best of my knowledge. I certify that any copies of documents I did not create myself are true, accurate, and complete copies of the original documents.

Property Owner Date

Applicant Date

Sworn to and subscribed before me this
_____ day of _____, 20__.

Notary Public

Printed Name of Notary Public

My Commission Expires: _____

For Internal Use

Received by: _____ Date _____

Date of Planning Board hearing:
Date of Board of Commissioners hearing: