



City of Havelock

Planning & Inspections Department
PO Box 368 1 Governmental Ave.
Havelock, NC 28532
(252) 444-6433 Email: permits@havelocknc.us

§75.22 Project Vehicle Permit

A project vehicle permit for the restoration and repair of one non-operating, wrecked, junked, or partially dismantled motor vehicle on any residential premises may be granted as follows:

- (1) The motor vehicle to be restored or repaired shall be owned by the applicant.
- (2) The permit shall cover the motor vehicle only and does not authorize the storage of miscellaneous vehicle parts or junk contained, in, on, or near the motor vehicle.
- (3) The fee for such project vehicle permit shall be designated per current City fee schedule.
- (4) Each residential property shall be limited to two project vehicles per calendar year.
- (5) All such permits shall expire after sixty (60) days following the date of issuance thereof.
- (6) The project vehicle permit shall be renewable for thirty (30) additional days with demonstrated progress upon payment designated per current City fee schedule.

Applicant Initials: _____



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OFFICE USE ONLY	
Date Received:	_____
By:	_____
Application #:	_____

Project Vehicle Permit Application

Initial Permit: **Do You Own the Vehicle?** **YES** **NO**

Renewal Permit:

Applicant Information

Applicant: _____

First *Last* *Phone Number/Email*

Address: _____

Street Address *City* *State* *Zip Code*

Owner Information (if different from Applicant)

Owner: _____

First *Last* *Phone Number/Email*

Address: _____

Street Address *City* *State* *Zip Code*

Project Information

Description of Project: (please be specific)

I have received and read the Project Vehicle Permit Regulations set forth in the City of Havelock Code of Ordinances. I understand the regulations and certify that I abide by those regulations. I also understand that failure to comply is a violation of the City of Havelock Code of Ordinances and that I will be subject to the enforcement authorized therein. **Initials** _____

Applicant Signature: _____ **Date:** _____

Only **ORIGINAL signatures will be accepted**

****FOR OFFICE USE ONLY****

Planning/Zoning Official Approval: _____ Date: _____