



**Perquimans County, North Carolina**  
**APPLICATION FOR CONDITIONAL USE PERMIT REQUEST**  
Case No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This section to be completed by County:	
Date received: _____	Received by: _____
Date completed: _____	Confirmed by: _____
Subject Property Tax Map No(s): _____	
Subject Property Zoning District(s): _____	
Will proposed Conditional Use require site improvements? _____	
Will proposed Conditional Use require review by other agencies? _____	

**Applicant's Information**

Name(s) of Owner(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant (if different from Owner): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Person to receive comments and correspondence: \_\_\_\_\_

**Description of Property**

Address(es) of Subject Property: \_\_\_\_\_

Property Appraiser's Parcel Nos.: \_\_\_\_\_

Location: This property is located on the \_\_\_\_\_ side of + \_\_\_\_\_ Road,  
approximately \_\_\_\_\_ feet \_\_\_\_\_ of \_\_\_\_\_ Road.

Township/Region: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Block – Lot Nos.: \_\_\_\_\_

Size of Property: \_\_\_\_\_ acres. Lot width: \_\_\_\_\_ feet. Lot depth: \_\_\_\_\_.

Flood Plain: \_\_\_\_\_ Community Panel No.: \_\_\_\_\_

1) I (We), the undersigned, do hereby respectfully make application and request the Planning Board and Board of Commissioners to consider a proposed Conditional Use Permit to make use of the subject property as follows: \_\_\_\_\_. The subject property is zoned \_\_\_\_\_. The subject property is owned by \_\_\_\_\_ as evidenced by deed recorded in Real Estate Book \_\_\_\_\_, Page \_\_\_\_\_ **OR** Will File Number \_\_\_\_\_ in the Perquimans County Register of Deeds.

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2) The following is from the most recent County Tax Office listing and contains all of the individuals, firms, or corporations owning properties involved in the Conditional Use Permit request as well as the owners of all properties any portion of which is within one-hundred fifty (150) feet of the subject property. This includes any property owner who is adjacent to the subject property (to the side, rear or front) and across the street.

**Name**

**Address**

a. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

g. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

h. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

j. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

k. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

l. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Attach the following:

\_\_\_\_\_ Completed Application.

\_\_\_\_\_ Letter addressed to the Perquimans County Board of Commissioners explaining your intentions in detail. The Applicant is advised to address any general and specific conditions and finding required by the Zoning Ordinance, Sections 903(a), (b), (c) and (d), 905, and 907A through X.

\_\_\_\_\_ Proof of Ownership.

\_\_\_\_\_ Owner’s Authorization for Agent, if applicable.

\_\_\_\_\_ Legal Description(s) and/or boundary survey(s) to be used as an exhibit to the proposed Conditional Use Permit.

\_\_\_\_\_ Site plan prepared in accordance with Section 509 and Article IX of the Perquimans County Zoning Ordinance.

\_\_\_\_\_ Two self-addressed stamped envelopes and two sets of stamped pre-addressed envelopes of all property owners of subject, adjacent and nearby properties within 150 feet and/or across the street (as per current Tax Office listings), to whom notice of public meeting and hearing must be sent. Said notices will be sent by the Planning & Zoning Office in envelopes provided by Applicant.

\_\_\_\_\_ Filing Fee of \$300 made payable to Perquimans County.

\_\_\_\_\_ Additional information needed by Planner, Technical Review Committee or County Officials:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATIONS WILL NOT BE SCHEDULED FOR PUBLIC MEETING UNTIL COMPLETE**

I (We), the undersigned, do hereby respectfully apply for a Conditional Use Permit on the property described herein. I (We) affirm that this application form and attached materials are true and accurate to the best of my (our) knowledge.

\_\_\_\_\_  
Signature of Owner or Authorized Applicant

\_\_\_\_\_  
Date

**(This Application must be submitted to the Planning and Zoning Administrator no less than 25 days prior to the Planning Board’s meeting and, where deemed necessary, additional time may be required for review by Technical Review Committee member[s]).**

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**Owner's Authorization for Agent**

NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING THE APPLICATION IS THE OWNER, PLEASE DISREGARD THIS FORM.

I am (We are) the owner(s) of the property located at \_\_\_\_\_.

I (WE) HEREBY AUTHORIZE \_\_\_\_\_ TO ACT ON MY/OUR BEHALF to appear with my consent before the Perquimans County Board of Commissioners and Planning Board in order to request approval(s) for development and/or use of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, or other action pursuant to one or more of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Rezoning Request                  | <input type="checkbox"/> Administrative Appeal  |
| <input type="checkbox"/> Conditional Use District Rezoning | <input type="checkbox"/> Conditional Use Permit |
| <input type="checkbox"/> Zoning Variance                   | <input type="checkbox"/> Non-Zoning Variance    |

I authorize you to advertise and present this matter in my name as the owner of the property. If there are any questions, you may contact me at address \_\_\_\_\_ or by telephone at \_\_\_\_\_.

BY: \_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name Telephone Number

\_\_\_\_\_  
Signature of Owner  
\_\_\_\_\_  
Print Name Telephone Number

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

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**PLANNING AND ZONING ADMINISTRATOR:**

1) Application received on: \_\_\_\_\_.

2) Date application complete: \_\_\_\_\_.

\_\_\_\_\_  
Planning and Zoning Administrator

\_\_\_\_\_  
Date

**PLANNING BOARD:**

1) Application considered at public meeting on \_\_\_\_\_.

2) As a result of the meeting, the Planning Board makes the following recommendation to the Board of Commissioners: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Chairman, Planning Board

\_\_\_\_\_  
Date

**BOARD OF COMMISSIONERS ACTION:**

1) Recommendation received from Planning Board on \_\_\_\_\_.

2) Legal notice was directed to be given that a public hearing would be held on \_\_\_\_\_

\_\_\_\_\_

3) Decision: The application is (approved) (approved with conditions) (denied) (tabled). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Chairman, Board of Commissioners

\_\_\_\_\_  
Date