

Perquimans County, North Carolina APPLICATION FOR SPECIAL 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):			

Applicant's Information

Name(s) of Owner(s):			
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 P	operty	
Address(es) of Subject Prope	erty:		
Tax Parcel Nos.:			
Location: This property is located on the (Circle) N S E W side of			Road,
approximately f	eet (Circle) N S E W of		Road.
Size of Property:	acres. Lot width:	feet. Lot depth:	·
Flood Plain:			
and Board of Commission	oners to consider a proposed	te application and request the F Special Use Permit to make use	e of the subject
property is zoned		The subje	ect property is
owned by		as evidenced by deed recorded	in Real Estate
Book, Page	OR Will File Number	in the Perquimans Cou	nty 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 Special 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 or railroad track.

Name	Address
a	
b	
c	
d	
e	
f	
g	
h	
i	
j	
k	
1	

Use an additional sheet of paper if necessary.

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3)	Statement of the nature of the proposed use:		

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, Section 911.
- _____ 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 Special Use Permit.
- _____ Site plan prepared in accordance with Section 514 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 or railroad track (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. Leave the upper left corner of envelopes blank; the Planning Office will add their own address there.
- _____ Filing Fee (See Current Planning/Zoning Fee Schedule, approved by County Commissioners)
- 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 Special 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]).



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/our 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

[] Rezoning Request [] Administrative Appeal

[] Special Use Permit [] Conditional Zoning District

[] Non-Zoning Variance [] Zoning Variance

I authorize you to advertise and present this matter in my/our name as the owner of the property. If there are any questions, you may contact me/us 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:			