

## **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):			
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 Pr	coperty	
Address(es) of Subject Prop	erty:		
Tax Parcel Nos.:			
Location: This property is le	ocated on the (Circle) N S E V	W side of	Road,
approximately	feet (Circle) N S E W of		Road.
Size of Property:	acres. Lot width:	feet. Lot depth:	·
Flood Plain:			
and Board of Commission property as follows:	oners to consider a proposed	se application and request the F Special Use Permit to make use	e of the subject The subject
1 1 1		The subjection	
		as evidenced by deed recorded	
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	
c	
d	
e	
f.	
f	
g	
h	
i	
j	
J	
k	
1.	

Use an additional sheet of paper if necessary.

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)	Statement of the nature of the proposed use:

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	ne following: Completed Application.
in	etter addressed to the Perquimans County Board of Commissioners explaining your intentions a detail. The Applicant is advised to address any general and specific conditions and finding equired by the Zoning Ordinance, Section 911.
P	roof of Ownership.
O	Owner's Authorization for Agent, if applicable.
	egal Description(s) and/or boundary survey(s) to be used as an exhibit to the proposed Special Jse Permit.
	ite plan prepared in accordance with Section 514 and Article IX of the Perquimans County oning Ordinance.
pı st he pı	Two self-addressed stamped envelopes and two sets of stamped pre-addressed envelopes of all roperty owners of subject, adjacent and nearby properties within 150 feet and/or across the treet or railroad track (as per current Tax Office listings), to whom notice of public meeting and earing must be sent. Said notices will be sent by the Planning & Zoning Office in envelopes rovided by Applicant. Leave the upper left corner of envelopes blank; the Planning Office will dd their own address there.
Fi	iling Fee (See Current Planning/Zoning Fee Schedule, approved by County Commissioners)
A	Additional information needed by Planner, Technical Review Committee or County Officials:
I (We), the herein. I	PLICATIONS WILL NOT BE SCHEDULED FOR PUBLIC MEETING UNTIL COMPLETE the undersigned, do hereby respectfully apply for a Special Use Permit on the property described (We) affirm that this application form and attached materials are true and accurate to the best tur) knowledge.
Signature	e 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]).



Case No
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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/V	We are the owner(s) of the property loca	ted at				
with n	ny/our consent before the Perquimans C val(s) for development and/or use of the ed deed or other such proof of ownership	County Boose lands of	oard of Codescribed	ommissioners ar I within the attac	d Planning E hed applicati	Board in order to request ion, and as described in the
	[] Rezoning F	Request	[] Adm	ninistrative Appe	al	
	[] Special Use	e Permit	[ ] Con	ditional Zoning [	District	
	[] Non-Zonin	g Varianc	e [ ] Zoni	ng Variance		
you m	orize you to advertise and present this may contact me/us at address					
BY:						
	Signature of Owner					
	Print Name			Telephone Nu	mber	
	Signature of Owner					
	Print Name			Telephone Nu	mber	
	n to and subscribed before me, this the _					
	y Public		inty of _			
	of					