

APPLICATION FOR A SPECIAL USE PERMIT
County of Edgecombe



Staff Use Only

Date: _____

Case No. _____

Property Location: _____

Parcel Identification Number(s): _____

Zoning District: _____

A Special Use Permit is requested to allow for the following use:

If specific development standards are applicable to this special use permit request, cite the specific subsection number of Article 4, Land Uses: _____

I (We), the undersigned, do hereby make application to and petition the Edgecombe County Board of Commissioners to grant a Special Use Permit in accordance with Section 2.3.20 of the Unified Development Ordinance. A concept plan/site plan, is also hereby submitted. I (We) understand that specific development standards may be applicable to the proposed use and that the Board of Commissioners may impose additional requirements on the permit request per Section 2.3.20 of the Unified Development Ordinance.

Applicant: _____

Mailing Address: _____

Phone No. _____ Email: _____

Signature: _____ Date: _____

Owner(s): _____

Mailing Address: _____

Phone No. _____ Email: _____

Signature: _____ Date: _____

Note: If the request is made by a corporation, the names and addresses of all officers in the corporation must be provided. The applicant or applicant's representative is expected to attend all meetings to answer questions concerning the permit request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Board of Commissioners.