

Application No. _____

COUNTY OF PASQUOTANK
APPLICATION FOR A
SPECIAL USE PERMIT
Article IX

APPLICATION IS HEREBY made to the Pasquotank County Planning Department for consideration of a Special Use Permit in accordance with the provisions of Pasquotank County Zoning Ordinance.

Application shall be submitted to the Pasquotank County Planning Department at least thirty (30) days prior to the date of review by the Planning Board and shall include a site plan and a copy of this application with a \$500.00 nonrefundable review fee, check made payable to the County of Pasquotank.

After holding a hearing for the review of the application and plans the Planning Board may grant or deny the Special Use Permit requested.

In granting any Special Use Permit, the Planning Board may in addition to the specific conditions imposed by the regulations of the zoning ordinance also impose whatever additional conditions the Board deems reasonable and appropriate.

NOTE: Applicants may not contact Board members to discuss their application outside of the public hearing. Ex parte communication is prohibited by NC State law and Board members who participate in these discussions shall be recused from voting on the application.

APPLICANT/PETITIONER _____

ADDRESS _____ TELEPHONE _____

PROJECT REPRESENTATIVE _____

LEGAL DESCRIPTION _____

(Attach separate sheet Lot Block Subdivision Community if necessary)

PASQUOTANK COUNTY TAX MAP PIN NUMBER (S) _____

PROJECT DESCRIPTION

PROPOSED USE OF THE PROPERTY

Agricultural	_____	Membership Organizations	_____
Cemeteries	_____	Recreational Services	_____
Convenience Food Stores	_____	Recycling Collection Center	_____
Educational Services	_____	Repair Services	_____
General Merchandise Store	_____	Sanitary Landfill	_____
Health Care Services	_____	Septic and Sludge Disposal	_____
Manufacturing	_____	Single Family Dwelling	_____
Manufactured Home	_____	Transportation	_____
Marina	_____	Other	_____

NAME OF PROJECT _____

Pasquotank County Tax Map pin Number(s) _____

SITE INFORMATION (Please fill out completely)

Total Acreage _____ Zoning District _____

Total Building Area _____ Area of proposed roadways _____
(if applicable)

Number of Buildings _____ Dept. of Transportation review _____

Lot Coverage _____ Building Height _____

Setbacks: Front _____ Left Side _____ Right Side _____ Rear _____

Proposed Utilities: Water: Well _____ County _____
Sewer: Septic _____ Community _____ County _____

Parking, Article X, Section 10.02 No. of proposed spaces _____

_____ Date _____ Signature of Applicant

FOR OFFICIAL USE:		
DATE RECEIVED: _____	NONREFUNDABLE FEE _____	RECIPIENT _____