

APPLICATION FOR SPECIAL USE PERMIT HEARING BEFORE THE BOARD OF COMMISSIONERS WILSON COUNTY, NORTH CAROLINA

Ap	plicant Name:	
Da	te:Tot	al Fee Submitted: \$
I (V	THE WILSON COUNTY BOARD OF COMM We), the undersigned, do hereby make application	
1.	General Property Information	
	The property is located on the side of	(Road/Street, etc)
	having State Road #, in the	Township of Wilson County. The
	physical address is	and it is identified as Wilson County
	Tax Parcel Identification number(s)	of the Wilson County tax
	maps. The property has frontage of feet a	nd contains acres. The zoning
	district in which this property is currently located is	
2.	Request Type I hereby request the following: □ Special Use Permit NOTE: A supplemental application is requi	red for any request
3. Required Attachments		
	bounds legal description, and tax is properties. Survey map should also the attached list as an abutting or ad with respective zoning district class.	the property, with attached meted and dentification numbers for surrounding to indicate (for all properties named on jacent property) surrounding land uses sification(s). If there are structures on
	those abutting or adjacent proper please indicate their location on the consideration. Copy of property deed indicating cu	e map in relation to the property under

be generated using the <u>existing</u> property boundaries as recorded in the Register of Deeds Office at the time of submission of this Application).

4. <u>Certification</u>

I (We) hereby certify that the information furnished in this Application is accurate to the best of my (our) knowledge. (Applications must be signed by the property owner(s) or their duly authorized agent or attorney; please attach additional sheet if necessary).

Property Owner:	Phone #:
Signature:	
Mailing Address:	
Property Owner:	Phone #:
C: an atoma	
Mailing Address	
-	
Agent/Attorney:	Phone #:
Signature:	
Mailing Address:	
OFFICE USE ONLY	
Petition Received on:	, by
Case Number Assigned:	
Total Fee Collected:	, paid by



APPLICATION FOR A SPECIAL USE PERMIT ISSUED BY THE BOARD OF COMMISSIONERS WILSON COUNTY, NORTH CAROLINA

Oate:		Total Fee Submitted: \$		
(We), equest		ndersigned, do hereby submit this application for a Special Use Permit as herein		
1.	Speci	y development/use(s) proposed		
2.	Standards In granting a Special Use Permit, the Board of Commissioners may attach reasonable requirements in addition to those specified in the Zoning Ordinance, ensuring that the development in its proposed location will meet the standards mentioned below. Please briefly indicate how your request meets or exceeds these standards (please attach additional sheets if necessary):			
	Α.	The use requested is among those listed as an eligible Special Use in the district		
	in whi	ich the subject property is located:		
	 B.	The required Special Use Permit is either essential or desirable for the public		
		convenience or welfare:		

	C.	The requested permit will not impair the integrity or character of the surrounding or adjoining districts, nor will be detrimental to the health, morals or welfare of the community:			
	D. The requested permit will be in conformity with all officially adopted land development plans:				
	E. Adequate utilities, access roads, drainage, sanitation and/or other necessary facilities have been or are being provided:				
5.	Additional Standards (see attachment, if applicable) Certification				
my (ou	hereby r) know	certify that the information furnished in this application is accurate to the best of vledge. (Applications must be signed by the property owner(s) or their duly ent or attorney; please attach additional sheet if necessary).			
Propert Signatu		er: Phone #:			
Mailing					
Propert Signatu		er: Phone #:			
Mailing	g Addre	ess:			

Agent/Attorney:	Phone #:
Signature:	
Mailing Address:	
OFFICE USE ONLY	
Received on:	, by
Case Number Assigned:	
Total Fee Collected:	, paid by