

Application No. \_\_\_\_\_

COUNTY OF PASQUOTANK  
APPLICATION FOR A  
CONDITIONAL USE PERMIT  
Article IX

APPLICATION IS HEREBY made to the Pasquotank County Planning Department for consideration of a Conditional 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 Board of Commissioners and shall include ten (10) copies of a site plan, 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 Board of Commissioners may grant or deny the Conditional Use Permit requested.

In granting any Conditional Use Permit, the Board of Commissioners 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.

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

<b>FOR OFFICIAL USE:</b>		
<b>DATE RECEIVED:</b> _____	<b>NONREFUNDABLE FEE</b> _____	<b>RECIPIENT</b> _____