

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 Board of Adjustment 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 Adjustment may grant or deny the Special Use Permit requested.

In granting any Special Use Permit, the Board of Adjustment 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

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