

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.

**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

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