

Town of Forest City

Building & Zoning Department PO Box 728 128 North Powell Street Forest City, NC 28043 Phone (828) 248-5201, Fax (828) 245-6143

Special Use Permit and Special Use District Application

Note: A fee of \$250.0 Application mus	Case#				
Application Must Be Filed	l In Person, Cann	ot Be Accepted By M	ail		
Special Use requested o	n property located at _				
Property zoned		Requested	Requested Zoning		
Tax map	Block	Lot(s)	Lot size		
Current Land Use		Proposed Land Use			
Property Owner					
Applicant					
1. To The Forest City Bo	f the Forest City Zoni om using the parcel of e following provisions	hereby petition the B ng Ordinance because, under f land described above in a s of the Zoning Ordinance.	er the interpretation		

2. Factors Relevant To the Issuance of a Special Use:

The Board of Adjustment may approve the Conditional Use Permit if all of the findings of fact are met. To hear and decide, in particular cases, and subject to appropriated conditions and safeguards, permits for Special Uses as authorized by Article 13.7 of the Forest City Zoning Ordinance. In granting a Special Use Permit the Board shall consider the following factors.

That the Use(s) requested is among those listed as an eligible Special Use in the Special Use District in which the subject a. property is located or is to be located.

That the Use Limitations and Conditions as proposed and/or imposed for the Special Use Permit meet or exceed and/or are at b. least as restrictive as the minimum standards for the corresponding General Use District.

c. That the use limitations and conditions as proposed and/or imposed for the requested Special Use Permit can reasonably be implemented and enforced for the subject property.

d. That when implemented the proposed and/or imposed use limitations and conditions will mitigate specific land development issues that would likely result if the subject property were zoned to accommodate all the uses and the minimum standards of the corresponding General Zoning District.

e. That the applicant has agreed to accept the use limitations and conditions as proposed and/or imposed for the requested Special Use Permit.

I CERTIFY THAT ALL OF THE INFORMATION PRESENTED BY ME IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature of Applicant/Owner		Date		-
Typed or Printed Name of Applicant				
Complete Address				-
	City	State	Zip Code	
Telephone Number				
NOTE: All applications and payment must be submit	tted by the first day of	f the month in orde	er to be on the agen	da for the Board
of Adjustment meeting, which is the third Thursday of	of every month.			
Staff Use Only: Special Use Fee \$250.00				
Date Application Submitted:	Receive	ed By		
Fee Paid:	Date Paid:			
Case #:				
Notes:				

cknowledged the due execution of t	he foregoing instru	iment.		
Vitness by my hand and official seal	this	_day of		_, 20
Iy commission Expires:				
		Notary Public		
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Case Number _____

WITHIN THIS BOX, DRAW A SITE PLAN, TO SCALE, DESCRIBING THE PROPERTY AND SPECIAL USE REQUEST. PROVIDE ALL APPROPRIATE DIMENSIONS, BUILDING/STRUCTURES AND THEIR DISTANCE TO THE PROPERTY LINES, RIGHT-OF-WAYS, ETC.