



Town of Wilkesboro

SPECIAL USE PERMIT APPLICATION

Planning and Community Development

203 West Main Street | P.O. Box 1056

Wilkesboro, NC 28697

P: 336.838.3951 | F: 336.838.7616

planning@wilkesboronc.org

TOWN OF WILKESBORO

SPECIAL USE PERMIT APPLICATION AND SUBMITTAL CHECKLIST

SUBMITTAL CHECKLIST:

****Applicants are strongly encouraged to have a neighborhood meeting with surrounding property owners regarding their request before having the Planning Board meeting. ****

Sections A thru F of the application form have been completed with applicable information.

Applicant has had a pre-application conference with Planning Department representatives in the past three (3) months.

If applicable, major/minor amendments to a Special Use Permit request includes backup information describing proposed changes and reasons for amendment.

Tax parcel number(s) and a map of the requested Special Use Permit site have been provided. (Please include all existing easements, reservations, rights-of-way, and restrictive covenants for property in question).

The current zoning classification as well as the zoning classification of the adjacent property owners shall be included on the map.

NOTE: A written metes and bounds legal description with accompanying map is required for a request for only a portion(s) of a tax parcel(s).

Copies of the recorded deed(s) for the subject property have been provided.

Special Use Permit Worksheet has been filled out and included with application. (*See attached Special Use Permit Worksheet*).

Application fee (*see page 3 of application—make checks payable to Town of Wilkesboro*).

Signatures of the applicant and **ALL** Property Owner(s).

(NOTE: All current property owners of record, or their duly authorized agents, must sign application. Authorized agents must include proof of authority.)

Plans and elevations for all proposed structures with materials and colors of all exterior surfaces included.

Landscaping Plan showing existing and proposed trees, ground cover and landscape material, proposed screening, including walls, fences, or planted areas, as well as treatment of any existing natural features.

An accurate scaled site plan. The site plan should include existing and proposed buildings, storage areas, parking and access areas, proposed size, layout and setbacks of land and proposed structures, planned illumination, and proposed number, type, and location of signs.

(NOTE: the site plan will be a key-supporting document. Applicants need to insure that said site plan accurately represents their development proposal since site changes may require additional public hearing review).

A map at the same scale as the site plan showing the following:

- (i) Delineation of areas
- (ii) Existing and proposed topography at five (5) foot intervals
- (iii) Plan for providing potable water and for the treatment of waste water

When required by the Town's policies, a Traffic Impact Analysis shall be required to be submitted with the application for a Special Use Permit

12 copies of Special Use Permit Application and all materials submitted for Planning Board Review



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APPLICATION	DATE:	FEE:	PERMIT APPLICATION NUMBER
	<input type="checkbox"/> SPECIAL USE PERMIT <input type="checkbox"/> SPECIAL USE PERMIT AMENDMENT (SUP # _____)		
	*PLEASE NOTE: ALL APPLICATIONS REQUIRE A PRE-APPLICATION CONFERENCE WITH PLANNING DEPARTMENT		SHADED AREAS FOR DEPARTMENT USE ONLY.
	APPLICANT:		
	ADDRESS:		
	PHONE:	EMAIL:	
	PROPERTY OWNER:		
	ADDRESS :		
	PHONE:	EMAIL:	
	<input type="checkbox"/> IF THERE ARE ADDITIONAL PROPERTY OWNERS, CHECK HERE AND ATTACH THEIR NAMES, ADDRESSES, AND PHONE NUMBERS. <input type="checkbox"/> WILL AN ATTORNEY, ENGINEER, OR REALTOR REPRESENT THE APPLICANT AND/OR PROPERTY OWNER IN THIS MATTER? (IF CHECKED PLEASE ATTACH THEIR NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS)		
PRESENT ZONING CLASSIFICATION(S):		PARCEL ID:	
REQUEST INFORMATION	DESCRIBE THE EXISTING USE OF THE PROPERTY:		
	DESCRIBE THE REQUESTED SPECIAL USE PERMIT USES/ ACTIVITIES*:		
	*PLEASE NOTE: THE APPLICANT/ OWNER MUST COMPLETE THE ATTACHED SPECIAL USE PERMIT CHECKSHEET.		
PROPERTY IDENTIFICATION	A COPY OF THE MOST RECENT RECORDED DEED(S) AND TAX MAP IDENTIFYING THE ABOVE NOTED PROPERTIES MUST ACCOMPANY THIS APPLICATION, OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.		
	<input type="checkbox"/> THIS SPECIAL USE PERMIT REQUEST INCLUDES AN ENTIRE PARCEL AND/OR RECORDED PLATTED LOTS <input type="checkbox"/> THIS SPECIAL USE PERMIT REQUEST INCLUDES A PORTION(S) OF AN EXISTING PARCEL(S). A WRITTEN LEGAL DESCRIPTION ALONG WITH A MAP IDENTIFYING THAT PORTION OF THE PARCEL(S) IS ATTACHED.		
	GEOGRAPHIC LOCATION & ADDRESS OF SITE:		
	TOTAL ACREAGE (SQ. FOOTAGE IF LESS THAN ONE ACRE):		
	SQ. FOOTAGE OF BUILDING AND/OR PORTION OF A BUILDING OR SPECIAL USE PERMIT REQUEST**:		
	**A SITE PLAN IDENTIFYING THE BUILDING(S) OR PORTION OF THE BUILDING IN WHICH THE USES WILL BE LOCATED IS REQUIRED TO BE ATTACHED.		
SIGNATURES	<u>ALL OF THE ITEMS REQUIRED BY THIS APPLICATION MUST BE TURNED IN TO THE PLANNING DEPARTMENT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.</u>		
	(Owner Print Name)	(Owner Signature)	(Date)
STAFF USE ONLY	FILING DATE:	PAYMENT:	
	CASE #:	APPROVAL DATE:	



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SPECIAL USE PERMIT APPLICATION SUPPLEMENTAL INFORMATION

The Special Use Permit must meet applicable requirements of Section 4.5 of the Zoning Ordinance and Town Council must make findings as noted in Section 4.5 in order for the request to be approved.

The Town of Wilkesboro does not produce a verbatim transcript of the Planning and Zoning Commission and Town Council hearing proceedings. If a verbatim transcript is required, the applicant or any party requesting said transcript shall be responsible for arranging, producing, and payment of all expenses for the production of said transcript. The Town of Wilkesboro shall in no manner be responsible for providing a verbatim transcript of public hearings. Signing this application indicates the applicant's understanding and acceptance of this policy.

The filing fee is as follows: **\$200.00**

Application Withdrawal:

This application may only be withdrawn by written request from the applicant or property owner. If such request is received prior to submission to the Planning Board, filing funds may be refunded. Filing fees **will not** be refunded after submission of public hearing to the newspaper.

No more than one (1) proposal for a major amendment to a Special Use Permit shall be considered within one (1) year after the date of the original authorization of such a permit.

- 6. An approved Special Use Permit shall be void after two (2) years or such lesser time as authorized by Town Council, unless the use of the property has begun and/or a footing inspection has been passed.
- 7. If any Special Use Permit is discontinued for a period exceeding two (2) years or replaced by a use otherwise permitted in the zoning district, it shall be deemed abandoned and the Special Use Permit shall be null and void and of no effect.

SIGNATURES: When the applicant is someone other than the current property owner, the signatures of both the current property owner and the applicant shall be provided unless a power of attorney authorization is in effect. If power of authority is in effect, a properly executed copy is required to be submitted with this application.

Signature of property Owner(s):

I/We the undersigned, do hereby certify that all information given above is true, complete, and accurate to the best of my/our knowledge, and do hereby request the Wilkesboro Town Council to take action as sought by this application.

(Owner Print Name)

(Owner Signature)

(Date)

(Owner Print Name)

(Owner Signature)

(Date)