



Stanly County Special Use Permit Application

Stanly County Planning Department
1000 N. First Street - Suite 13B
Albemarle, NC 28001
704-986-3665

For administrative use only:

Case # :	
Application Date:	
BOA Hearing Date:	
BOA Action:	

Property Owner Information:

Property Owner: _____
Mailing Address: _____
City: _____ State _____ Zip Code: _____
Phone #: _____
E-mail Address: _____

Applicant Information:

Applicant: _____
Mailing Address: _____
City: _____ State _____ Zip Code: _____
Phone #: _____
E-mail Address: _____

If applicant and property owner are the same person, filling out one section is sufficient

Property Information:

Property Address: _____
Tax Map Number: _____ PIN#: _____
Property is zoned: _____ Acreage: _____

To the Stanly County Board of Adjustment:

I, the undersigned, do hereby make an application to the Stanly County Board of Adjustment to grant a Special Use Permit as required in the Stanly County Zoning Ordinance. In support of the application, the following information is provided.

1. A detailed site plan that includes the proposed location of existing or new structures.
2. A non-refundable fee.
3. A list of proposed conditions for the property in question.
4. A narrative description of the proposed use

The Special use permit requested is based on Section _____ of the Stanly County Zoning Ordinance. The property in question is located in the _____ zoning district and is proposed for the following use:

The intent is to: Check all that apply:

- Construct a new structure for the special use
- Repair the existing structure for the special use
- Alter and/or expand the existing structure for the special use
- Other: _____

In order to issue a Special Use Permit, the Board shall consider each of the following conditions, and based on the evidence presented at the hearing make findings in regards to each and must find that the issuance of the Special Use Permit is in the best interest of the county. Please provide an explanation as to how you will be able to meet each of the following conditions (attach additional sheets if necessary).

(A) The project does not materially endanger public health or safety.

(B) The project will not substantially injure the value of adjoining property or, if so, is a public necessity.

(C) The project will be in harmony with or compatible with its neighbors and generally consistent with the comprehensive plan.

(D) The project will meet all required conditions and specifications.

Acknowledgements:

I hereby acknowledge that I understand that all individuals, firms, corporations owning property adjacent to or within 100 feet of the property requesting the Special Use Permit will be notified of the request and provided information on the hearing dates.

I further acknowledge that I understand that the Special Use Permit shall not become effective except by favorable vote of a majority of the members of the Board of Adjustment.

I acknowledge that the Planning Department Staff may visit or photograph the site prior to the Board of Adjustment meeting. I also acknowledge that the Planning Department staff may inspect the property periodically, at reasonable hours, to confirm compliance with the zoning ordinance.

Property Owners' Signature

_____ Date _____

Applicants' Signature

_____ Date _____