TOWN OF WILSON'S MILLS



CONDITIONAL USE PERMIT APPLICATION

Planning Department PO Box 448, Wilson's Mills, NC 27593 Phone: (919) 938-3885 Fax: (919) 938-1121

PROCESS INFORMATION:

Submission Requirement: An application for a Conditional Use Permit shall be filed with the Planning, Zoning & Subdivision Administrator. Such applications shall contain all the information required on this form and must be determined to be complete by the Planning, Zoning & Subdivision Administrator prior to advancing it through the approval process.

Public Notification: This is a quasi-judicial process that requires a public hearing.

Review Process: Conditional Uses Permits are for certain land uses that, because of unique characteristic or potential impacts on adjacent land uses, are not permitted in zoning districts as a matter of right. These uses may be permitted through the issuance of a Conditional Use Permit (CUP) after ensuring that the use complies with the CUP approval criteria. No inherent right exists to receive a CUP. Such authorization must be approved under a specific set of circumstances and conditions. Each application and situation is unique and may be subject to specific requirements to mitigate the impacts of the proposed use. A Conditional Use Permit must be granted in accordance with the procedures set forth in Article 7 of the Wilson's Mills Development Ordinance (WMDO). For a detailed list of uses requiring a Conditional Use Permit, please refer to Article 10.2 of the WMDO.

FILING INSTRUCTIONS: Every applicant for Conditional Use Permit is required to meet with the Planning, Zoning & Subdivision Administrator in a pre-application conference prior to the submittal of a formal application. The purposes of this conference are to provide additional information regarding the review process and assistance in the preparation of the application. A petitioner must complete this application in full. This application will not be processed unless all information requested is provided. Submission of associated fees. GENERAL PROJECT INFORMATION: Project Address / Location: Zoning District: Size of Property (in acres): Johnston Co. Tax PIN #: Proposed Building Square Footage: _____ Town Jurisdiction: In-Town Limits ETJ Existing land use/zoning on adjoining properties: North: _____ South: East: West: _____

PPLICANT INFORMATION:				
pplicant:				
Address:				
City:	State:	Zip:		
Phone:	Email:			
Property Owner (if different from a	applicant):			
Address:				
City:	State:	Zip:		
	: Email:			
CONDITIONAL USE PERMIT Conditional Use Request (Proposed	REQUEST:			
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Article Permit	gs of Fact: 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a Conditional Use. The applicant shall submit the following statements of justification, presenting factual information ting each and all the required findings as they relate to the proposed Conditional Use Permit:
1.	That the use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare.
2.	That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordnance and with all other applicable regulations. Statement by applicant:
3.	That the use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity. Statement by applicant:
4.	That the use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of Town of Wilson's Mills and its environs.

That the use or development will be in harmony with the area in which it is to be located and conforms to to general plans for the land use and development of Town of Wilson's Mills and its environs. Statement by applicant:
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APPLICANT SIGNATURE:		
hereby certify that I have full legal paper or plans submitted herewith a related material and all attachments understand that this application will	etition to the Town of Wilson's Mills to approve right to request such action and that the statement are true and correct to the best of my knowledge become official records of the Town of Wilson I not be processed unless it is complete, including an made in any paper or plans submitted herewi	ents or information made in any e. I understand this application, n's Mills and will not be returned. I ing required fees paid. I hereby
Applicant Printed Name	Applicant Signature	Date
OWNER'S SIGNATURE:		
behalf, to submit or have submitted represent me at all meetings and purgive consent to the party designated approval of this application. I hereby certify that I have full known application. I understand that any fain the denial, revocation or administ that additional information may be Mills to publish, copy or reproduce party. I further agree to all terms and I hereby certify the statements or in		documents, and to attend and cated above. Furthermore, I hereby ich may arise as part of the approval or permits. I acknowledge onsent to the Town of Wilson's of this application for any third the approval of this application.
Printed Name of Owner	Signature of Owner	Date
Date Received: Payment Amount: Application Received By:	COWN USE ONLY Case #: Date Paid: nended Denied Denied	