

Instructions:

This is a Fillable PDF. Application starts on page 3 of this document. To facilitate 2-sided printing, page 2 of this document has been left blank. Depending on your pdf reader / editor you may or may not be able to save the data you enter into this form. It is therefore recommended to print this form immediately after filling it out.

For Land Use Applications:

Fill out form as fully as possible. If community meeting has not yet been held, leave blank.

Print Form, Sign & Date.

Call 252-338-1919 x 232 and make appointment to meet with Zoning Officer. Bring application.

For Home Occupations (Camden's version of Home Based Business License):

Fill out form as fully as possible. Enter "N/A" for any fields that are not applicable.

If you have the capability to scan to pdf:

Print Form

Sign & Date Form

Scan to a PDF & email completed form to acurling@camdencountync.gov

We will process application & contact you if we need further information.

When Home Occupation Permit is ready for pickup, we will call you.

Permit fee for Home Occupations is a one time \$25.00 due at time of issuance.

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Land Use / Development Application

(Zoning / Special Use)
&
(Home Occupations)

OFFICIAL USE ONLY:

UDO Number: _____	Zoning Dist.: _____
Date Filed: _____	Flood Zone: _____
Amount Paid: _____	Watershed (Y/N): _____
Received By: _____	Taxes Pd(Y/N): _____

Contact Information

APPLICANT

Name: _____

Address: _____

Telephone: _____

Email: _____

PROPERTY OWNER

Name: _____

Address: _____

Telephone: _____

Email: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

Property Information

Physical Street Address _____

Location: _____

Parcel ID Number(s): _____

Total Parcel(s) Acreage _____

Existing Land Use of Property _____

Request

Project Name: _____

Proposed Use of Property: _____

Deed Book / Page Number and/or Plat Cabinet / Slide Number: _____

Total square footage of land disturbance activity: _____

Total lot coverage: _____

Existing gross floor area: _____

Total vehicular use area: _____

Proposed gross floor area: _____

Community Meeting

Date Meeting Held: _____

Meeting Location: _____

(Purpose of Home Occupation Permit OR)

(Enter N/A for any area that is not applicable)

Purpose of the Special Use Permit and Project Narrative *(attach separate sheet if needed):*

The applicant shall provide a response to each of the following *(attach separate sheet if needed)*. Staff shall prepare specific findings of fact based on the evidence submitted. Said findings shall be submitted to Board of Commissioners for their consideration.

A. The use will not endanger the public health or safety.

B. The use will not injure the value of adjoining or abutting lands and will be in harmony with the area in which it is located.

C. The use will be in conformity with the Land Use Plan or other officially adopted plan(s).

D. The use will not exceed the county's ability to provide adequate public facilities, including, but not limited to: schools, fire and rescue, law enforcement, and other county facilities. Applicable state standards and guidelines shall be followed for determining when public facilities are adequate.

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

Property Owner(s)/Applicant*

Date

***Note: Forms must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**