



Land Use / Special Use Permit Application

OFFICIAL USE ONLY:

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

Contact Information

| PROPERTY OWNER | APPLICANT | AGENT |
|-------------------------|-------------------------|-------|
| Name: _____ | Name: _____ | |
| Address: _____ _____ | Address: _____ _____ | |
| Telephone: _____ | Telephone: _____ | |
| Email: _____ | Email: _____ | |

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____
DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO APPLICANT (Y/N/NA): _____

Project/Property Information

Project Name: _____
Physical Street Address/Location _____
Parcel ID Number(s): _____
Total Number of Land Parcel(s): _____ Total Parcel(s) Acreage: _____
Deed Book / Page Number and/or Plat Cabinet / Slide Number: _____
Existing Land Use of Property _____
Proposed Special Use _____

Reply if any of the following are Required

Is Major Site Plan Needed? _____ Are Building Permits Needed? _____
Perc Test (Y,N,NA): _____ Water Connection Approval (Y,N,NA): _____
Sewer Connection Approval: _____ Erosion and Sediment Control Permit from the State _____
Wetlands Delineation _____ Storm Water Management Permit from the State _____

Meeting

Date Community Meeting Held (Y,N,NA): _____ Meeting Location: _____

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. 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. Will the Special Use endanger the public health or safety at the proposed location?_____

B. Are there any requirements, standards, conditions, and/or specifications of the Unified Development Ordinance, including article 151.4 Use Regulations that the Special Use DOES NOT comply with?_____

C. Will the Special Use substantially injure the value of adjoining or abutting lands?_____

D. Will the Special Use be in harmony with the area in which it is to be located?_____

E. Will the Special Use be in conformity with the Land Use Plan or other officially adopted plan(s)?_____

F. Will the Special Use 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 during reasonable business hours 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.**

01/21/2025
