



TOWN OF WILSON'S MILLS
**SPECIAL 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 Special 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: Special Use 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 Special Use Permit (SUP) after ensuring that the use complies with the SUP approval criteria. No inherent right exists to receive a SUP. 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 Special 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 Special Use Permit, please refer to Article 10.2 of the WMDO.

FILING INSTRUCTIONS:

- _____ Every applicant for a Special 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 with completed SUP Application, in the amount of \$500.00.

GENERAL INFORMATION:

Project Address/Location: _____

Zoning District: _____ Size of Property (acres): _____

Johnston Co. Tax PIN #: _____ Proposed Building Square Footage: _____

Town Jurisdiction: _____ Town Limits _____ ETJ

Existing land use/zoning on adjoining properties:

North: _____
South: _____
East: _____
West: _____

APPLICANT INFORMATION:

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner (if different from applicant):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPECIAL USE PERMIT REQUEST:

Special Use Request (Proposed Land Use and Description):

Proposed Conditions Offered by Applicant:

Findings of Fact:

Article 7.8 of the WMDO require the compliance of specific findings of fact in order to grant a Special Use Permit. The applicant shall submit the following statements of justification, presenting factual information, supporting each and all the required findings as they relate to the proposed Special 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.

Statement by applicant:

2. That the use or development complies with all required regulations and standards of the Wilson's Mills Development Ordinance 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.

Statement by applicant:

APPLICANT SIGNATURE:

I do hereby make application and petition to the Town of Wilson's Mills to approve the subject Special Use. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned. I understand that this application will not be processed unless it is complete, including required fees paid. I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

Applicant Printed Name

Applicant Signature

Date

OWNER'S SIGNATURE:

I, _____, owner of subject property, do hereby give consent to _____ (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have full knowledge that the property I have an ownership interest in is the subject of this application. I understand that any false, inaccurate, or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Wilson's Mills to publish, copy, or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Wilson's Mills and will not be returned.

Printed Name of Owner

Signature of Owner

Date

FOR TOWN USE ONLY

Date Received: _____ Case #: _____

Payment Amount: _____ Date Paid: _____

Application Received By: _____

PB Date: _____ Recommended _____ Denied _____

TC Date: _____ Approved _____ Denied _____