



Special Use Permit Application Form

433 Hay Street, Fayetteville, North Carolina 28301
910-433-1612 Fax # 910-433-1776

Submittal Date: _____ Approval/Denial Date: _____

Fee: \$700.00 (Cell Tower Fee \$2500) Received By: _____

Notes:

1. A pre-application conference is mandatory prior to submission of an application for a special use permit.
2. Applications for special use permits shall include the sketch plan from the pre-application conference or may include a site plan depicting the proposed special use.
3. Unless specified otherwise by the City Council, a Special Use Permit shall automatically expire if a Building Permit for the development authorized by the Special Use Permit is not obtained within one year after the date of issuance of the Special Use Permit, or if the development authorized by the Special Use Permit is discontinued and not resumed for a period of one year.
4. *Extension* - Upon written request submitted at least 30 days before expiration of the time period provided in accordance with Section [30-2.C.7.d.8.a](#) above, and upon a showing of good cause, the City Manager may grant one extension not to exceed six months. Failure to submit a written request for an extension within the time limits established by this section shall result in the expiration of the Special Use Permit.

1. General Project Information

Project Address:

Tax Parcel Identification Number:

Zoning District:

Overlay zoning district(s):

2. Written Description of Special Use

A) Provide a written description of the proposed special use, including summary of existing uses and the proposed use/activity in detail. Also include hours and days of operation, number of employees, number of clients, etc.

B) Please provide a description of the zoning district designations and existing uses on adjacent properties, including across the street. (attach additional sheets if necessary)

3. Special Use Permit Justification. Answer all questions in this section (attach additional sheets as necessary).

A) Indicate how the special use complies with all applicable use-specific standards in the City Code of Ordinances.

B) Describe how the special use is compatible with the character of surrounding lands and the uses permitted in the zoning district(s) of surrounding lands.

C) Indicate how the special use avoids significant adverse impact on surrounding lands regarding service delivery, parking and loading, odors, noise, glare, and vibration.

D) Demonstrate how the special use is configured to minimize adverse effects, including visual impacts of the proposed use on adjacent lands.

E) Explain how the special use avoids significant deterioration of water and air resources, wildlife habitat, scenic resources, and other natural resources.

F) Indicate how the special use maintains safe ingress and egress onto the site and safe road conditions around the site.

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G) Demonstrate how the special use allows for the protection of property values and the ability of neighboring lands to develop the uses permitted in the zoning district.

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H) The special use complies with all other relevant City, State and Federal laws and regulations

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5. Submittal Requirement Checklist

(Submittals should include 2 copies of listed items, unless otherwise stated.)

<input type="checkbox"/>	Pre-application Conference completed
<input type="checkbox"/>	Application fee
<input type="checkbox"/>	Completed site plan (information required includes parking, ingress, egress, fencing, play areas, setbacks, square footage of building, landscaping, etc.)
<input type="checkbox"/>	Special Use Permit Application Form
<input type="checkbox"/>	Vested Rights Certificate (if requested)
<input type="checkbox"/>	Copy of recorded deed
<input type="checkbox"/>	Copy of an approved Certificate of Appropriateness (COA) if located within the HLO
<input type="checkbox"/>	Proposed or existing development name (if different from project name)
<input type="checkbox"/>	Traffic impact analysis (if required)
<input type="checkbox"/>	Any additional information determined to be necessary by the Development Services Department

6. Primary Point of Contact Information for the Pre-application Conference

Primary Point of Contact Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>	Fax No.:	<input type="text"/>
Phone No.:	<input type="text"/>	Email:	<input type="text"/>

7. Owner Information

Owner Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>	Fax No.:	<input type="text"/>
Phone No.:	<input type="text"/>	Email:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

