

TOWN OF WEAVERVILLE SPECIAL USE PERMIT APPLICATION

Planning and Zoning Department, 30 South Main Street, P.O. Box 338, Weaverville, NC 28787

(828) 484-7002 --- fax (828) 645-4776 --- jeller@weavervillenc.org

Special Use Permit Fee: \$500.00

OWNER/APPLICANT NAME:

APPLICATION DATE:

BRIEFLY DESCRIBE THE PROJECT:

PHONE NUMBER:

PROPERTY ADDRESS:

PIN:

DEED BOOK/PAGE:

TRACT AREA (acres):

PROPOSED SQ. FOOTAGE:

REGISTERED CONTRACTOR:

PHONE NUMBER:

ADDRESS:

REGISTERED ENGINEER:

PHONE NUMBER:

ADDRESS:

Application fees are due at the time of submittal. Withdrawal of an application after the public hearing has been advertised will result in the forfeiture of the application fee.

All applications shall be accompanied by a site plan which shall be substantially compliant with the mapping standards found within Sec. 20-2504. Additional information may be requested by members of staff, the Planning Board or Town Council.

It is the applicant's responsibility to obtain a copy of the Town of Weaverville Zoning Ordinance and to be fully aware of the regulations detailed therein.

I certify that the above information is accurate and true and that I am the owner or a duly appointed agent of the owner.

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY

FEE:	DATE PAID:	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CASH
SITE PLAN DECISION	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED	DATE:
DETAILED PLAN DECISION	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED	DATE:
<input type="checkbox"/>	APPROVED WITH CONDITIONS:				