



Development Services

Brad Thompson, Director

2201 Miller Road, South | POB 1728 | Wilson, NC 27894-1728 | 252.399.2965

APPLICATION FOR A SPECIAL USE PERMIT
ISSUED BY THE BOARD OF ADJUSTMENT
WILSON COUNTY, NORTH CAROLINA

Date: _____

Name of Applicant: _____

I (We), the undersigned, do hereby submit this application for a Special Use Permit as herein requested:

1. Specify development/use(s) proposed

2. Standards:

In granting a Special Use Permit, the Board of Commissioners may attach reasonable requirements in addition to those specified in the Zoning Ordinance, ensuring that the development in its proposed location will meet the standards mentioned below. Please briefly indicate how your request meets or exceeds these standards (please attach additional sheets if necessary):

- A. The requested is among those listed as an eligible Special Use in the district in which the subject property is located:

B. The required Special Use Permit is either essential or desirable for the public convenience or welfare:

C. The requested permit will not impair the integrity or character of the surrounding or adjoining districts, nor will be detrimental to the health, moral or welfare of the community:

D. The requested permit will be in conformity with all officially adopted land development plans:

E. Adequate utilities, access roads, drainage, sanitation and/or other necessary facilities have been or are being provided:

3. **Additional Standards** (see attachment, if applicable)

4. Certification:

I (We) hereby certify that the information furnished in this application is accurate to the best of my (our) knowledge. **Applications must be signed by the property owner(s) or their duly authorized agent or attorney.** Please attach additional sheet(s) if necessary.

Property Owner: _____ Phone#: _____

Signature: _____

Mailing Address: _____

Email Address: _____

Property Owner: _____ Phone#: _____

Signature: _____

Mailing Address: _____

Email Address: _____

Agent/Attorney: _____ Phone#: _____

Signature: _____

Mailing Address: _____

Email Address: _____

NOTE: This application must be accompanied by a GENERAL APPLICATION FOR HEARING BEFORE THE WILSON COUNTY BOARD OF ADJUSTMENT

OFFICE USE ONLY

Received on: _____ by _____

Case Number Assigned: _____

Total Fees Collected: \$ _____ Paid by _____