



CITY OF HENDERSON
DEVELOPMENT SERVICES

134 ROSE AVENUE
HENDERSON NC 27536
252-430-5723 phone
252-492-7935 fax
www.ci.henderson.nc.us

SPECIAL USE PERMIT APPLICATION
\$450 FEE

The Zoning Board of Adjustment will hear this case based on the following factors:

Section 803 - Special Use Permit:

1. The use will comply with the requirements of Article 600A and 600B of this Zoning Ordinance.
2. The use will not materially and adversely affect public health, safety or welfare;
3. The use will not substantially injure the value of adjoining or abutting properties;
4. The use will be in harmony with the area in which it is located; or be a matter of public need;
5. The use will not substantially contribute to an overburdening of municipal services; and
6. The use will be in conformity with the Henderson Land Use Plan and other duly adopted plans and policies of the City.

Application Instructions: Complete all applicable sections of this form. No application will be processed by the Planning Department until a complete application and all required documents are received and paid. **A scaled site plan must be submitted with application.**

| | |
|---|--------------------------|
| Owner's Name (As Listed on Tax Records): | Applicant's Name: |
| Street Address: | Street Address: |
| City, State Zip | City, State Zip |
| Contact Phone #: | Contact Phone #: |
| Email Address: | Email Address: |

****If the owner is different from the tax record, you must provide proof of ownership.***

PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:

1. What is the project name? _____
2. Where is the location of the property? _____
3. Please describe the project. _____

4. What is the legal relationship of the applicant to property owner? _____

5. Is the application a request for a rehearing? _____ If Yes, please explain the substantial changes in facts, evidence, and or conditions.

6. Will the business be located in an existing building? **Circle YES or NO**
7. What is the gross floor area of the existing or new building? _____
8. Are there any new additions, upgrades or rehabs for the existing building? **Circle YES or NO**
9. How many parking spaces exist on the property? _____
10. How many parking spaces are proposed on the property? _____

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized City of Henderson representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Owner Signature or Authorized Agent

Date

Applicant Signature

Date

FOR DEVELOPMENT SERVICES STAFF ONLY:

| | |
|---|--|
| Received By: _____ Fee: _____ Date Paid: _____ How Paid: _____ Check #: _____ Receipt#: _____ Special Use Permit Case # _____ Board of Adjustment Action: _____ | Proposed Use: _____ PIN #: _____ City or ETJ: _____ Zoning: _____ Front Setback: _____ Side Setback: _____ Rear Setback: _____ Lot Width: _____ Board of Adjustment Date: _____ |
|---|--|