P.O. Box 2475, Surf City, NC 28445
Phone (910) 328-4131 Fax (910) 328-4132
www.townofsurfcity.com comdev@townofsurfcity.com

DATE: _____

FEE: _____

CONDITIONAL USE PERMIT

NAME OF PROJECT: _____

ADDRESS OF PROPERTY: _____

TAX PARCEL #: _____

REASON FOR CONDITIONAL USE: _____

_____

_____

_____

_____

_____

_____

_____

_____

The property owner and agent (if applicable) this Conditional Use is being requested by:

Name of Agent: _____ Phone #: _____Fax# _____

Agent Address: _____

Signature: _____ Date: _____

Name of Property Owner: _____ Phone #: _____Fax# _____

Owners Address: _____

Signature: _____ Date: _____

PLEASE SUBMIT SITE PLAN WITH APPLICATION

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PLEASE QUALIFY THE FOLLOWING FINDINGS OF FACTS:
(Use separate sheets if needed.)

1. The use requested be listed among the conditional uses in the district for which the application is being made.

_____

_____

_____

2. The requested use will not impair the integrity or character of the surrounding or adjoining districts nor adversely affect the safety, health, morals, or welfare of the community or of the immediate neighbors of the property.

_____

_____

_____

3. The requested use is essential and desirable to the public convenience or welfare.

_____

_____

_____

4. The requested use will be in conformity with the land use plan.

_____

_____

_____

5. Adequate utilities, access roads, drainage, sanitation or other necessary facilities have been or be provided.

_____

_____

_____

6. Adequate measures have been or will be taken to provide ingress/egress so designed as to minimize the traffic congestion in the public streets.

_____

_____

_____

7. The conditional use shall, in all other respects, conform to the applicable regulations of the district in which it is located.

_____

_____