



CITY OF ARCHDALE

307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263

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SPECIAL USE PERMIT APPLICATION

THE UNDERSIGNED do/does hereby respectfully make application and request to the City of Archdale to amend the **Zoning Ordinance** and change the Official Zoning Map of the city as hereafter requested, and in support of this application the following facts are shown:

1. What is the current zoning of the property hereinafter described?

2. The property sought for a **Special Use** permit is owned by:

Address:
Phone:

3. **Legal Description:**
Property Identification Number: (PIN#)
Lot(s) #
Name of Subdivision:
Plat Book: Page:

4. Please list the particular land use you are seeking that requires a **SU** permit be approved by the City Council:

5. If the **SU** permit is approved, it is understood by all that the development must conform to the conditions and requirements as stated, as well as the minimum requirements of the City of Archdale Ordinances where applicable.

6. The applicant shall present a map showing the property being requested for **Special Use**. He/she shall also present the names and addresses of those persons owning property which adjoins the land sought for **Special Use** approval.

Name of Applicant

Signature of Applicant & Date

This application must be filed with the **Director of Planning and Zoning** forty-five (45) days prior to the scheduled Planning Board meeting and must be accompanied by a (\$600.00) filing fee.