

Application Fee: \$250.00

Town of Mount Olive

114 E. James Street
P O Box 939
Mount Olive, NC 28365
919-658-9538
FAX - 919-658-5257

Special Use Permit Application

**** (Note: Please read this application thoroughly before completing. Please print or type all information on this form) ****

(All associated fees are due upon submittal of application)

Section A. USING THIS APPLICATION FORM:

- Contact the Zoning Administrator and arrange an informal pre-application conference prior to the date upon which you intend to submit an application. Staff will generally assist you in preparing an acceptable application.
- Submit eleven (11) complete copies and related information to the Zoning Administrator for a meeting of the Planning Board for their review and recommendation. The recommendation will be forwarded to the Board of Commissioners. After receiving the recommendation, the Board of Commissioners will call for a public hearing and public notice given. The public hearing will be held at a certain time as called.
- The Special Use Permit Application process begins when your completed application form has been accepted by the Town of Mount Olive Zoning Administrator. **Acceptance means that a complete application including the appropriate fees and supporting documentation has been stamped received and given a file number from staff. Further, all incomplete applications will be returned to the applicant with a letter outlining its deficiencies.**

It is the responsibility of the owner to research and evaluate the site and the proposal to ensure that the request will conform with the interests of the health, safety and welfare of the future residents, whether owners or tenants, adjoining property owners and the neighborhood.

Section B. Getting Started:

Date: ___ / ___ / 20___ Parcel #: _____

Applicant: _____ Property Owner: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ ZIP: _____

Property Location: _____ Zoning District: _____
(Street Address)

Revised On: 01-29-07

Proposed Action is: New ____ Expansion ____ Modification/Alteration ____

Flood Hazard Area: YES NO – NCDOT Driveway Permit Received: YES NO

Driveway Drainage Pipe to Be Installed YES NO (If you checked Yes attach a detailed plan showing pipe size and storm water calculations)

Water Source: Well Public System Other _____

Sewage Treatment: Septic Tank Sewer System – Public _____ Private _____

Proposed Use of Structure: _____

Describe Current Buildings on Property: _____

Height of Structure: _____ feet Total Acreage of Site: _____

Section C. Site Plan Checklist:

Site Plan Checklist	
Items listed in this checklist must be included on the site plan provided by the applicant to the Town of Mount Olive. Site plans should be drawn at a scale no less than one inch equals 100 feet on a sheet no larger than 24"x 36" folded to 8"x 11" size. Site plans must be prepared by a licensed professional surveyor, engineer, and/or architect/site designer.	
The following summary is provided for the applicant's benefit. However, fulfilling the requirements of this summary checklist does not relieve the applicant from the responsibility of meeting the regulations in the zoning ordinance, subdivision regulations, and any other development related ordinances of the town, state or federal government.	
Basic Information:	
<input type="checkbox"/>	Date, Scale, North Arrow, Vicinity Map.
<input type="checkbox"/>	Detailed boundary descriptions of proposed site including location of corner or boundary markers as located on ground with lengths and bearings of property lines.
<input type="checkbox"/>	Project name, owner's name and address, name of engineer, architect/site designer, and/or surveyor.
<input type="checkbox"/>	Location and size or width of all public R.O.W and/or easements within, bounding or intersecting the site including floodplain/floodway areas.
<input type="checkbox"/>	Zoning of subject tract and abutting tracts
<input type="checkbox"/>	The location, name, pavement width and right of way width of existing streets
Site Layout Information:	
<input type="checkbox"/>	Acreage of Proposed Site
<input type="checkbox"/>	Location and square footage of existing and proposed structures
<input type="checkbox"/>	Use of existing and proposed structures

<input type="checkbox"/>	Front, rear and side yard setbacks of all structures (existing and proposed)
<input type="checkbox"/>	The location, name, pavement width, curb type, right-of-way width, pavement type, sidewalk location and curb cuts of all proposed street and parking facilities and site improvements (refer to Section 155.125)
<input type="checkbox"/>	The location of any proposed open spaces
<input type="checkbox"/>	Buffer and screening devices proposed
<input type="checkbox"/>	Location of outside waste facilities/trash receptacles and screening
<input type="checkbox"/>	Exterior lighting proposed and existing
Parking Area: (refer to Section 59.292)	
<input type="checkbox"/>	Total number of parking spaces required and provided (show calculations)
<input type="checkbox"/>	Marked parking spaces showing width, depth and layout dimensions
<input type="checkbox"/>	Driveway line markings
<input type="checkbox"/>	Parking stalls marked and designated for handicapped persons, location of ramps per ADA Code
<input type="checkbox"/>	Locations and size of loading areas (Cannot use required parking areas)
<input type="checkbox"/>	Location and width of all curb cuts and driving lanes
<input type="checkbox"/>	Ingress and egress points
<input type="checkbox"/>	Fire lanes/emergency vehicle access lanes

Section D. Applicant's Statements of Meeting the Following Conditions (Zoning Code Section 59.179 (E) (6. a. – f.):

On a separate sheet of paper answer each of the following questions thoroughly.

- a. State how all applicable specific conditions pertaining to the proposed use have been or will be satisfied.
- b. State how access roads or entrance and exit drives are or will be sufficient in size and properly located to ensure automotive and pedestrian safety and convenience, traffic flow, and control and access in case of fire or other emergency.
- c. State how off-street parking, loading, refuse and other service areas are located as to be safe, convenient, allow for access in case of emergency, and to minimize economic, glare, odor and other impacts on adjoining properties in the general neighborhood.
- d. State how utilities, schools, fire, police and other necessary public and private facilities and services will be adequate to handle the proposed use.
- e. State how the location and arrangement of the use on the site, screening, buffering, landscaping and pedestrian ways harmonize with

adjoining properties and the general area and minimize adverse impact.

- f. State how the type, size, and intensity of the proposed use, including such consideration as the hours of operation and number of people who are likely to utilize or be attracted to the use, will not have significant adverse impacts on adjoining properties or the neighborhood.

CERTIFICATION:

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, and that I am authorized to grant, and do grant, permission to the local zoning official and local building official to enter on the property described above for the purpose of inspections. I understand that if this application is approved, that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based upon this certificate. I understand that upon issuance of this Special Use Permit I am required to have approved by the town a Commercial Zoning Compliance. Failure to do so could result in fines and/or revocation of this zoning compliance permits should it be approved.

_____ *Applicant* _____ *Date*

After consideration and review of the zoning compliance permit application, I have determined that the applicant is in compliance with all Town ordinances, which relate to structures erected or situated within the Town.

_____ *Zoning Official* _____ *Date*

OFFICE USE ONLY	<input type="checkbox"/> Impact Fee Paid	Submittal Date: ___/___/___
Amount of Fee Paid: \$ _____	Date: ___/___/___	Initials: _____ Receipt # _____
Initial Inspection Date: ___/___/___	Final Inspection Date: ___/___/___	
<input type="checkbox"/> Approved	Zoning Permit # _____	<input type="checkbox"/> Denied
Approval Letter & Permit Sent On: ___/___/___	Denial Letter Sent On: ___/___/___	