



CITY OF  
**DUNN**  
PLANNING AND INSPECTIONS

102 N Powell Ave • PO Box 1065 • Dunn, North Carolina 28335  
(910) 230-3505 • CityofDunn.org

## Conditional Zoning District Application Checklist

*This checklist indicates the minimum required for this permit application to be considered complete. Please **initial** each item in the following checklist. **Write** N/A for items that are not applicable.*

Applicant Initials	<i>Required component of complete application</i>	Staff Initials
	Applicant has met with City staff for a pre-submittal conference.	
	Conditional Zoning Application is filled out completely.	
	Owner's name and contact information is included. This must include a person's name and contact info if the owner is a corporation, LLC, etc.	
	A site plan is included with the application.	
	Applicant's name and contact information is included	
	Original signatures are notarized. <i>Copies not accepted.</i>	
	I have read and understand the entire application.	

***I understand that no application will be held that is considered incomplete. If found to be incomplete it will be returned to me to make the corrections before it will be reviewed or considered. All information contained in this Conditional Zoning District Application is complete and accurate to the best of my knowledge and ability.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Staff Review**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



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## Conditional Zoning District Application

*Please print clearly.*

### OWNERSHIP APPLICATION

**Applicant:** \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's legal interest in property: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

**Property owner:** \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date property acquired: \_\_\_\_\_ Deed reference: Book: \_\_\_\_\_ Page: \_\_\_\_\_

Size (*square feet or acres*): \_\_\_\_\_ Street frontage (*feet*): \_\_\_\_\_

**PIN#** \_\_\_\_\_

**Location / Address:** \_\_\_\_\_

\_\_\_\_\_

**Attach a legal description in metes and bounds of the area requested for conditional use zoning.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



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**CONDITIONAL ZONING REQUEST**

A. **EXISTING ZONING:** \_\_\_\_\_

**REQUESTED CONDITIONAL ZONING DISTRICT:** \_\_\_\_\_

**B. LAND USES**

1. Existing Land Uses: \_\_\_\_\_

2. Uses Requested: \_\_\_\_\_

Number of parking spaces provided: \_\_\_\_\_

Driveway / Right-of-way access: \_\_\_\_\_

3. Existing land uses on all adjoining properties.

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_



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### C. STATEMENTS OF JUSTIFICATION

***Attach a statement justifying the following:***

- (1) The use(s) requested is (are) listed among the conditional uses in the district for which the application is made.
- (2) The requested use is essential or desirable to the public convenience or welfare.
- (3) The requested use will not impair the integrity or character of the surrounding or adjoining districts, nor be detrimental to health, morals, or welfare.
- (4) The requested use will be in conformity with the land development plan.
- (5) Adequate utilities, access roads, drainage, sanitation, and other necessary facilities have been or are being provided.

### INSTRUCTIONS FOR FILING A CONDITIONAL ZONING APPLICATION

- 1) A petitioner for a conditional zoning request must complete this application in full. This application will not be processed unless all information is provided.
- 2) Include the filing fee for each conditional use request, which is **\$500**.
- 3) Include a site plan drawn to scale of the entire property and the location of each facility and the uses of the property. The site plan should include parking layout, required landscaping, and applications of installation / construction.
- 4) The justification statements under Item “C” should be typed or written legibly to answer each condition that applies to the request. ***Substantial weight is given to the answers provided.*** Please consider your answers carefully and be prepared to present your answers at each public hearing.
- 5) The application must be signed by the owner or by an authorized agent of the property requesting the conditional zoning change. The signature shall be notarized.
- 6) The Planning Board meets regularly on the fourth Tuesday of each month at 6:30 pm in the Dunn Municipal Building, located at 410 East Broad Street the Planning Board shall make recommendations to the City Council on all conditional zoning requests.
- 7) The City Council meets regularly the second Tuesday of each month at 7:00 pm in the Dunn Municipal Building located at located at 410 East Broad Street, and is the approving authority for all conditional zoning requests.
- 8) This project is required to go through the commercial site plan review process. This request is for use approval only. In order to ensure specifications meet the minimum standard(s) for the City of Dunn, a thorough review process must be performed. Reviewers may include, but are not limited to, Public Works, Planning Department, Inspections, the Fire Department, Environmental Health, etc.

For additional information or assistance, call the Planning Department at 910-230-3505.



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**ADJOINING PROPERTY OWNERS**

*(Within 150 feet of requested change.)*

NAME	MAILING ADDRESS	PIN NUMBER
1.		____-__-____-__-_____
2.		____-__-____-__-_____
3.		____-__-____-__-_____
4.		____-__-____-__-_____
5.		____-__-____-__-_____
6.		____-__-____-__-_____
7.		____-__-____-__-_____
8.		____-__-____-__-_____
9.		____-__-____-__-_____
10.		____-__-____-__-_____
11.		____-__-____-__-_____
12.		____-__-____-__-_____
13.		____-__-____-__-_____



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**OWNER’S CERTIFICATION**

I (We) do hereby certify that:

I am (We are) the owner(s) or authorized agent of the property described in this application for conditional zoning permit and have attached copies of deed, title reports, or other documents as proof of ownership.

I (We) have read the conditional use procedures and requirements and have truthfully completed this application for a conditional zoning permit.

I (We) understand that the filing fees are non-refundable; the process to review conditional zoning cases includes public hearing and review by the Planning Board and the City Council. I (We) understand any action to approve our request is at the discretion of the Planning Board and the City Council and additional requirements may be imposed as determined necessary.

_____	_____	_____
Print name	Signature	Date
_____	_____	_____
Print name	Signature	Date
_____	_____	_____
Print name	Signature	Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

*Form Revised: February 2024*