

Date Received \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
File # \_\_\_\_\_  
Council Date \_\_\_\_\_

## SPECIAL USE PERMIT APPLICATION SUBMITTAL CHECKLIST

Property Address: \_\_\_\_\_

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

Applicants Initials	Required items for Application	Staff Initials
	<b>Special Use application is filled out completely.</b> <b>Must include the following:</b> PIN, Applicant – Name, Address, Telephone Number, Property Owner Name, Address, Telephone Number. Deed Book and page number; Square footage; street frontage and location address	
	Legal description (metes and bounds) attached	
	Zoning information is filled out completely. (Proposed special use, number of parking spaces, driveway/road access; existing zoning, existing land uses)	
	Existing or proposed land uses on all adjoining properties filled out completely (N,S,E and W)	
	Complete Statement of Justification is provided as described on the application.	
	A complete list of adjoining property owners is provided (including name, mailing address, PIN)	
	Original signatures are included in the Owners Certification. Copies are not accepted. (A Notary Public can be provided by the City of Dunn-a valid NC drivers license is required)	

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

**I have read and understand the entire Special Use Application.**

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

Date: \_\_\_\_\_

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

## SPECIAL USE PERMIT APPLICATION

Please print clearly

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

Applicant Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

Applicant telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

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Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Property Owner telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Tax PIN #: \_\_\_\_\_ Acres: \_\_\_\_\_

Square feet: \_\_\_\_\_ Street Frontage: \_\_\_\_\_

Location Address: \_\_\_\_\_

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

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

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### STAFF REVIEW

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

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

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

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## SPECIAL USE REQUEST

A. Existing zoning: \_\_\_\_\_

Requested zoning: \_\_\_\_\_

### B. LAND USES

1. Existing land uses: \_\_\_\_\_

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

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

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

3. Existing or proposed land uses on all adjoining properties:

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

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

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

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

### C. STATEMENTS OF JUSTIFICATION

Attach a statement justifying the following:

(1) The use requested is 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 SPECIAL USE APPLICATION

- 1) A petitioner for a special use request must complete this application in full. This application will not be processed unless all information is provided.
- 2) Include the filling fee for each special use request, which is **\$700**.
- 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 application must be signed by the owner or by an authorized agent of the property requesting the Special Use permit; the signature shall be notarized.
- 5) The City Council meets regularly the FOURTH Tuesday of each month at 6:30 pm in the Dunn Municipal Building located at located at 410 East Broad Street, and is the approving authority for all conditional use requests.
- 6) 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.

## OWNERS 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 special use 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 special use permit.

I (We) understand that the filing fees are non-refundable; the process to review special use 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
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature

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

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

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