



**COUNTY OF GRANVILLE, NORTH CAROLINA**  
145 WILLIAMSBORO STREET, POST OFFICE BOX 877, OXFORD,  
NORTH CAROLINA 27565

OFFICE OF THE COUNTY PLANNING DEPARTMENT  
(919) 603-1331

**SPECIAL USE PERMIT APPLICATION**

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

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

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

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

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

1. Application is hereby made for permission to: \_\_\_\_\_  
\_\_\_\_\_

2. The building or land is located: \_\_\_\_\_  
\_\_\_\_\_

3. The intended use of the building, structure, or land would be a special use \_\_\_\_\_ in the \_\_\_\_\_ District and is describe as follows: \_\_\_\_\_

4. Please provide the following information: (attach additional sheets if necessary)

1) Please list all specific conditions applicable to the proposed use as required in Article III of this Chapter. Indicate whether the condition will be met, and if so, how. \_\_\_\_\_  
\_\_\_\_\_

2) Please identify and explain the size, location, and condition of all access roads, entrances, and exits as they relate to automotive and pedestrian safety, convenience, traffic flow, control, and access in case of fire or other emergency. \_\_\_\_\_  
\_\_\_\_\_

3) Please identify the number, size, and locations of parking, loading, refuse, and other service areas. Please explain how these items will not have a negative impact on the safety, convenience, and access in emergency. Please identify any negative economic impacts, glare, odor, or other impacts on adjoining properties and explain what steps you will take to minimize these effects. \_\_\_\_\_  
\_\_\_\_\_

4) Please identify what, if any, changes may be required to utilities, school, fire, police, ambulance, and other necessary public and private facilities

and services in order to accommodate the proposed use. \_\_\_\_\_  
\_\_\_\_\_

5) Please provide a site plan showing the location and arrangement of the use on the site, including screening, buffering, landscaping, and pedestrian ways. How do these items differ from neighboring properties? \_\_\_\_\_  
\_\_\_\_\_

6) Please identify the type, size, and intensity of the proposed use, including hours of operation, number of people utilizing the use, increased traffic, and other effects. How do you expect these effects to impact the neighboring properties and community? \_\_\_\_\_  
\_\_\_\_\_

5. Include with the application, the following:

a. **Site Plan**

b. **Letter of approval from Granville County Health Department, if applicable**

6. After completing, sign the statement below:

**I certify that I am the owner, or have the consent of the owner and act on his behalf in applying for this permit. I agree that this permit, if granted, is issued on the presentation made herein and that this permit may be revoked in the event of any breach of representation or noncompliance of conditions of the permit.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

.....  
Fee paid \$ \_\_\_\_\_ Date & Time of Public Hearing \_\_\_\_\_

Dates Public hearing Advertised: \_\_\_\_\_

Permit: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reasons: \_\_\_\_\_  
\_\_\_\_\_

Approved with the following conditions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Commissioners

\_\_\_\_\_  
Special Use Permit #