



COUNTY OF GRANVILLE, NORTH CAROLINA

122 Williamsboro Street • Post Office Box 877 • Oxford, North Carolina 27565

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

MAJOR 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 major special use _____ in the _____ District and is described as follows: _____

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

a. 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. _____

b. 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. _____

c. 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. _____

d. 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. _____

e. 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? _____

f. 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 application, the following:
- a. **Site Plan**
 - b. **Letter of approval from Granville County Health Department, if applicable**
 - c. **Please attach additional sheets that list any additional conditions the applicant is willing to place on the permit, if applicable.**

6. After completing, sign the statement below:

I certify that I am the applicant for this permit. If applicable, I certify that I am a owner of the property that is subject to 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

Date

Owner's Signature

Date

Owner'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

Major Special Use Permit #