



**CONDITIONAL USE APPLICATION
PITT COUNTY, NORTH CAROLINA**

1717 W. 5th Street
Greenville, NC 27834-1696
Phone: (252) 902-3250
Fax: (252) 830-2576

Staff Use Only
Parcel #: _____
Permit #: _____

OWNER/APPLICANT INFORMATION

DATE: _____

OWNER: _____
PHONE #: _____
ADDRESS: _____

APPLICANT: _____
PHONE #: _____
ADDRESS: _____

PROJECT INFORMATION

PROPERTY LOCATION: _____
ZONING DISTRICT: _____
PURPOSE OF CONDITIONAL USE: _____

NEW STRUCTURE: YES/NO _____ SIZE: _____

OTHER INFORMATION: _____

UTILITIES

WATER: _____ ELECTRIC: _____
SEWER/SEPTIC: _____ NATURAL GAS: _____

DEVELOPMENT STANDARDS

	REQUIRED	PROPOSED		REQUIRED	PROPOSED
LOT SIZE	<input type="text"/>	<input type="text"/>	FRONT SETBACK	<input type="text"/>	<input type="text"/>
LOT WIDTH	<input type="text"/>	<input type="text"/>	RIGHT SETBACK	<input type="text"/>	<input type="text"/>
BUILDING HGT	<input type="text"/>	<input type="text"/>	LEFT SETBACK	<input type="text"/>	<input type="text"/>
DENSITY	<input type="text"/>	<input type="text"/>	REAR SETBACK	<input type="text"/>	<input type="text"/>

OTHER DEVELOPMENT STANDARDS AS REQUIRED BY ZONING ORDINANCE SECTION 8:

SIGNAGE

	REQUIRED	PROPOSED
SIGN AREA	<input type="text"/>	<input type="text"/>
SIGN HEIGHT	<input type="text"/>	<input type="text"/>
SETBACK	<input type="text"/>	<input type="text"/>

SIGN TYPE: _____

Additional Sign Info: _____

PARKING

	REQUIRED	PROPOSED
SPACES	<input type="text"/>	<input type="text"/>
ANGLE		<input type="text"/>

ADDITIONAL STANDARDS: _____

FLOOD INSURANCE RATE MAP INFORMATION:

Community No.	Panel No.	Suffix	Date of Firm	Firm Zone	Base Flood Elevation

FLOODPLAIN COMMENTS: _____

FLOODPLAIN MANAGER'S SIGNATURE: _____

NOTE: All land disturbing activities of one acre or more are required to submit a Soil Erosion and Sedimentation Control Plan to the Pitt County Planning Department prior to any land disturbing activities.

The undersigned hereby agrees to conform to all county regulations, applicable state laws and the conditions of this permit. The undersigned further states that all information given herein is true and authorize county staff to enter onto the property to ensure all applicable rules and regulations are being met.

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The applicant should respond to the following issues that the Board of County Commissioners must find are met in order to issue a special use permit. Answers should be supported by facts.

1. The use will not materially endanger the public health and safety;

2. The use will not substantially injure the value of adjoining or abutting property;

3. The use will be in harmony with the neighborhood or area in which it is to be located (compatible with surrounding area);

4. The use will be in general conformity with the land use plan, thoroughfare plan, or other plans officially adopted by the Board of Commissioners;

ZONING COMPLIANCE CERTIFICATE-CONDITIONAL USE	Fee Amount _____ Date Paid _____
OWNER/APPLICANT SIGNATURE: _____	PARCEL #: _____
SITE PLAN: _____	DATE: _____
BOARD OF COMMISSIONERS DECISION: APPROVED <input type="checkbox"/>	MEETING DATE: _____
DENIED <input type="checkbox"/>	
SETBACKS REQUIRED: FRONT ____ REAR ____ LEFT ____ RIGHT ____	
ZONING OFFICER SIGNATURE: _____	DATE: _____
CONDITIONS/COMMENTS: _____	

