

Town of Yadkinville P.O. Box 816 Phone: (336) 679-873:

Phone: (336) 679-8732 Fax: (336) 679-6151

| Fee: | \$200.00 | |
|---------|----------|--|
| Receip | t: | |
| Permit: | · | |
| Date: _ | | |
| | | |

APPLICATION FOR CONDITIONAL USE PERMIT

| LANDOWNER INFORMATION: | APPLICANT INFORMATION: |
|--|--------------------------------|
| Name | Name |
| Address | Address |
| Phone (H)(W) | Phone (H)(W) |
| PROPERTY LOCATION: | |
| Street Address | |
| Street Name | |
| Requested Use: | |
| Are there any other buildings/structures on the property | ? If yes, specify. |
| Is an Erosion and Sedimentation Control Plan required? | ? If so, is there one on file? |
| SETBACK REQUIREMENTS | |
| and by accepting this Permit (if approved) shall in ever | Feet |
| Landowner's Signature | Date |

APPLICANT, YOU ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS UNDER OATH AT THE BOARD OF ADJUSTMENT MEETING:

Please print all answers

PUBLIC CONVENIENCE AND WELFARE

| 1. | Why are you requesting this land-use? |
|---------|--|
| 2. | Why is this land-use essential or desirable to you? |
| 3. | Why is this land-use essential or desirable to the citizens of Yadkinville? |
| | ON-SITE AND SURROUNDING LAND USES |
| 4. | What is on the property now? |
| 5. | What land-uses are on the surrounding properties and in the general vicinity? (Give a good description) |
| б. | How will the land-use you are requesting affect the surrounding properties, residents and businesses in the area? Describe in detail why it will or will not affect the surrounding area. |
| | |
| 7 | UTILITIES, ACCESS ROADS, DRAINAGE, ETC. |
| 7. o | Will you use public water, public sewer, private well, or private septic tank? Describe the driveway (width and surface) that you will be using to enter and exit the property. |
| 8. | |
| 9. | Describe the drainage of this property. |
| 10. | How is your trash and garbage going to get to the landfill? |
| 10. | 110 % to your trush and survige going to get to the funding: |

| | TRAF | FIC 3 |
|-------|----------|---|
| 11. | Descri | be the traffic conditions and sight distances on the State Road that serves this property. |
| 12. | | s the approximate distance between your driveway and the next nearest driveway or ction? |
| | CONE | OITIONS |
| 13. | | ny conditions that you would be willing to consider as part of the approved Conditional Use |
| 14. | Additio | onal Comments: |
| The P | urpose o | 7 Conditional Uses; Conditions Governing Application. f this section is to grant in particular cases and subject to appropriate conditions and safeguards, |
| | | aditional uses as authorized by this chapter and set forth as conditional uses under the various use board shall not grant a conditional use permit unless and until: |
| 1. | | ten application for a conditional use permit is submitted indicating the section of this chapter under the conditional use permit is sought. |
| 2. | conditi | ic hearing is held. Notice of such public hearing shall be posted on the property for which the onal use permit is sought and in a local newspaper at least 15 days prior to the public hearing. This otice shall describe the request and appear at least once weekly for two consecutive weeks. |
| 3. | | pard of Adjustment finds that in a particular case in question the use for which the conditional use is sought: |
| | a. | Will not adversely affect the health or safety of persons residing or working in the neighborhood of the proposed use, and; |
| | b. | Will not be detrimental to the public welfare or injurious to property or public improvements in the neighborhood. |
| | c. | In granting such a permit, the Board of Adjustment may designate such conditions in connection therewith as will, in its opinion, assure that the propose use will conform to the requirements and |

** I have received and read the above statement. Signature______ Date_____

spirit of this chapter.

NOTE: It takes six affirmative votes to approve a conditional use permit.

Zoning Administrator's Worksheet (Office Use Only)

| Date completed app | lication received: | | |
|--|------------------------|--|--|
| Date and amount of payment for review: | | | |
| Date of posting notice of public hearing on property: | | | |
| Dates of advertising notice of public hearing in local paper: | | | |
| Date of Board of Adjustment meeting(s) when request is considered: | | | |
| Action by Board of Adjustment: | | | |
| Application | granted | | |
| | denied | | |
| | e Board of Adjustment: | | |
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| Zoning Administrate | | | |