

Received Date:

Initials:

Application Fee: \$400 (Includes advertisement fee)

SPECIAL USE PERMIT APPLICATION								
For Office Use Only:								
Application Number:		Date processed:						
Fee Type:	Cash Check #	Credit Card	Initials:					

Applicant Acknowledgement:

I understand that the City of Goldsboro must have three (3) sets of Site plans submitted along with an electronic site plan emailed to the Planning Administrative Assistant listed on the website at <u>www.qoldsboronc.gov/planning</u> or they will not be able to send out my application for formal review. I understand my 30 day review period begins after the City of Goldsboro acknowledges they have an electronic PDF copy of the required site plan. Information on the site plan shall meet or exceed the City of Goldsboro Unified Development Ordinance (UDO). Site plan needs to be in sufficient detail and scale to display precisely how the Special Use intends to operate. See attached sheet for common things expected on site plan.

Applicant Signature:

Application is hereby made to the City Council of the City of Goldsboro for a Special Use Permit (Complete the following information):

Property Address:					
Proposed Use:					
Number of Employ	ees/Shift:_		Days/Hours of Ope	eration:	
Outdoor Storage:	🗌 Yes	🗆 No	Storage Type:		
Total Acreage:		Frontage:		Depth:	
Wayne Co. Pin #:	Current Zoning:				

All businesses that operate within the city limits of Goldsboro must have a Business Registration certificate prior to opening a business. Please contact the City of Goldsboro Inspections Department at 919-580-4385 for all necessary permits, including ABC Permits, prior to operation or opening to the public.

Applicant (Print):			
Applicant Address:	City,State,Zip:		
Applicant Phone:	Applicant Email:		
Owner (Print):			
Owner Address:	City,State,Zip:		
Owner Phone:	Owner Email:		
(If owner differs from appli	cant a Owners Authorization Form is required upon submission)		
SIGNATURE REQUIRED			

CONDITIONAL REZONING & SPECIAL USE PERMIT APPLICATION SITE PLAN REQUIREMENTS

*All requirements may not be applicable due to existing site conditions or the nature of the proposal

- Staff recommends that a Professional Land Surveyor or Professional Engineer prepare the plan, this is not required but the site plan must be drawn to scale of at least 1": 100'
- Property Owner information (name, phone, email, address) to be noted on site plan
- Location of property lines (boundary of property)
- Property acreage/sq feet
- Property Tax Parcel number
- Location of existing R/W and easements
- Zoning district (noted on plan)
- Adjacent property uses
- Locations of proposed structures & setbacks from property line (including dimensions)
- Hours of operation
- Number of employees
- Parking detail
- Buffer detail
- Landscaping detail
- Trash collection area
- Loading/unloading area
- Flood hazard areas
- Number of dwelling units (multi-family details as applicable)
- Floor plan detail for existing structures



CITY OF GOLDSBORO OWNER'S AUTHORIZATION

IF the owner(s) of this subject prope application with the City of Goldsbor Please check the applicable box(es):						
Rezoning	Site Plan	Board of Adjustmer	nt - Variance			
This authorization must be complete	ed and submitted a	nt time of application. I/(WE)			
		,do(es) hereby certify	that I/(WE)			
(Name of owner(s) of	f subject property)					
am/(are) the Owners of the property	y legally described	below and hereby certify that	/(WE) have			
given authorization to the following	person and/or cor	poration:				
		to submit an	application			
(Name of Company and Auth	orized Representat	tive)				
to the City of Goldsboro, NC for My/	(OUR) property as	listed below.				
Wayne County Parcel Identification Number(s): Property Address:						
	<u> </u>					
Property Owner – Print		Property Owner Signature	Date			
NOTARY STATEMENT						
Sworn to and subscribed before me t	he day of	, 20				
Notary Public in and for the State of _		County of				
I,		, Notary Public, do hereby certi	fy that			
			· · · · · · · · · · · · ·			
		dual(s) personally appeared bef				
day and acknowledged the due execu	C C	ng instrument. Witness my har	d and official			
seal thisday of, 20	_·					
Official Signature of Notary		Notary printed or typed name				

My commission expires:_____