

Application Fees: \$400 (includes advertisement fee)

CONDITIONAL USE PERMIT APPLICATION

For Office Use Only:	
Application Number: _____	Date Submitted: _____
Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

NOTE: Six (6) copies of the site plan must be submitted when Conditional Use Permit has been requested. Information on the site plan shall meet or exceed the City of Goldsboro Unified Development Ordinance (UDO) in Section 2.2, Conditional and Special Use Approval and Section 6.1, Off-Street Parking.

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

Property Address: _____

Proposed Use: _____ Number of Employees/Shift: _____

Days/Hours of Operation: _____ 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: _____

SIGNATURES REQUIRED

 Applicant – Printed

 Applicant Signature Date

 Owner – Printed
 (Notarized Owner Authorization form required)

 Owner Signature Date

