

Application Fees: \$400 (includes advertisement fee)

CONDITIONAL USE PERMIT APPLICATION					
	For Office Use Only:				
Application Number:					
	_CashCheckCredit 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: Numbe	r 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 C prior to opening a business.	foldsboro must have a Business Registration certificate				
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				
oplicant Phone:Applicant Email:					
Owner (print):					
Owner Address:	City,State,Zip				
Owner Phone:C	wner Email:				
SIGNATURES REQUIRED					
Applicant – Printed	Applicant Signature Date				
Owner – Printed (Notarized Owner Authorization form required)	Owner Signature Date				



CITY OF GOLDSBORO OWNER'S AUTHORIZATION

IF the owner(s) of this subject prop application with the City of Goldsb Please check the applicable box(es):			
Rezoning	Site Plan	Board of Adjust	ment - Variance
Subdivision	Conditional Use P	ermit Home Occupation	n Permits
This authorization must be comple	ted and submitted a	at time of application. I/(WE)
		,do(es) hereby cert	ify that I/(WE)
(Name of owner(s)	of subject property)		
am/(are) the Owners of the proper	ty legally described	below and hereby certify th	at I/(WE) have
given authorization to the followin	g person and/or cor	poration:	
		to submit	an application
(Name of Company and Aut	thorized Representa	tive)	
to the City of Goldsboro, NC for My	/(OUR) property as	listed below.	
Wayne County Parcel Identification		Property Address:	
		-	
Property Owner – Print		Property Owner Signature	Date
NOTARY STATEMENT			
Sworn to and subscribed before me	the day of	, 20	
Notary Public in and for the State of	f	County of	
1		Noton, Dublic, do boroby o	ortifu that
l,		_, Notary Public, do hereby c	ertily that
	(name of indiv	idual(s) personally appeared	before me this
day and acknowledged the due exe	cution of the forego	ing instrument. Witness my	hand and official
seal thisday of, 20			
Official Signature of Notary		Notary printed or typed nar	ne

My commission expires:_____