



APPLICATION FOR A SPECIAL USE PERMIT

APPLICANT NAME: _____

MAILING ADDRESS: _____

Phone: _____ E-Mail: _____

TO THE CLEVELAND COUNTY BOARD OF ADJUSTMENT:

I/We, the undersigned, hereby petition the Board of Adjustment to issue a Special Use permit in the name of:

for the use of the property located at: _____,

Parcel #(s) _____ in _____ Zoning District.

Title to this property is in the name of:

_____ Name

_____ Mailing Address

_____ City / State / Zip Code

The authority of the Cleveland County Board of Adjustment to grant the requested Special Use Permit is contained in the Cleveland County Code, Section(s)

_____.

The requested Conditional Use is described as follows:

Include a site plan of the subject property. See Section 12-33(a) for site plan requirements. The Board of Adjustment may request additional information as listed in Section 12-33(b).

It is understood by this applicant that the approval of this application by the Board authorizes only the Special Use requested herein by this applicant and that all conditions and requirements imposed by the Development Ordinance and/or by the Board shall be properly always maintained and complied with.

I/We hereby certify that the information contained in this application, including attachments, is true and correct to the best of my knowledge and belief.

Signature of Applicant Date of Application

For office use:

Payment Code: ZP 33 Special Use Permit

Fee: \$200

Paid on: _____ ZP: _____ Case #: _____