

APPLICATION FOR
CONDITIONAL USE PERMIT

Chatham County Planning Department
P.O. Box 54
Pittsboro, NC 27312

Tel: 919/542-8204
Fax: 919/542-2698
Email: angela.birchett@chathamnc.org

(1) Applicant Information:

Name: _____

Address: _____

Phone No: (h) _____

(w) _____

(m) _____

Email: _____

(2) Landowner Information (as shown on deed)

Name: _____

Address: _____

Phone No: (h) _____

(w) _____

(m) _____

Email: _____

(3) Property Identification:

911 Address: _____

S.R. Name: _____

S.R. Number: _____

Township: _____

Acreage: _____

Flood map #: _____

(2-07-2007)

Flood Zone: _____

PARCEL#: _____

Deed Book: _____ Page: _____ Yr: _____

Plat Book: _____ Page: _____

Current Zoning District: _____

Watershed District: _____

(4) Requested Conditional Use Permit for the following Uses: Section 11f of Zoning Ordinance

(5) Directions to property from Pittsboro:

(6) Attach the following, if requesting a zoning map amendment:

- List of names and addresses or current adjoining property owners (see Adjacent Landowners form)
- Written legal description
- Map of the property at a scale of not less than 1 inch equals 200 feet
- Explanation of request addressing applicable portions of Section 17 Conditional Use Permits of the Chatham County Zoning Ordinance

(7) Attach Submission Materials Checklist Information (see Submission Materials Checklist form)

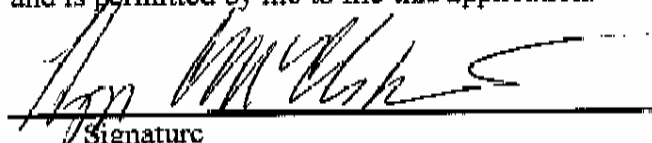
I hereby certify that I am the owner or authorized agent of said property and that the information provided is complete and the statements given are true to the best of my knowledge.

Signature

Date

The owner must sign the following if someone other than the owner is making the application.

I hereby certify that _____ is an authorized agent for said property and is permitted by me to file this application.


Signature


Date