



CITY OF MOUNT AIRY

300 S. Main Street · Mount Airy, NC 27030

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Special Use Permit Application

Case #	Receipt #
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Project Information

Date of Application _____

Name of Project _____

Tax Parcel Number(s) _____

Address _____ Property Size _____

Zoning District _____ Overlay District(s) _____

Proposed Use _____

Contact Information

Applicant _____	Property Owner _____
Address _____	Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Telephone _____	Telephone _____
Email address _____	Email address _____
Signature _____	Signature (required) _____

Description of Request

Briefly explain the nature of this request.

Factors Relevant to the Issuance of a Conditional Use Permit

In approving an application for a Conditional Use Permit, the City of Mount Airy Board of Adjustment may attach fair and reasonable conditions to the approval. The petitioner will have a reasonable opportunity to consider and respond to any additional requirements prior to approval or denial by the Board of Adjustment. The applicant has the burden of producing competent material and substantial evidence to establish the facts and conditions. In the space provided below, indicate the *facts and argument* that you intend to provide to convince the Board that it can properly reach the following required conclusions:

- A. The use will not materially endanger the public health or safety if located where proposed and developed according to plan.**

- B. The use meets all required conditions and specifications.**

- C. The use will not substantially injure the value of adjoining or abutting property unless the use is a public necessity.**

- D. The location and character of the use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and will be in general conformity with the adopted land use plans and other plans for physical development of the City's Zoning Jurisdiction as adopted by the Board of Commissioners.**

Meeting Dates

Board of Adjustment Meeting Date: _____

Board of Adjustment Decision: _____

Application Fee: \$400