

**SPECIAL USE PERMIT
APPLICATION**
Fee: \$300.00

City of New Bern



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Applicant: _____ Owner: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
Fax: _____ Fax: _____
Email: _____ Email: _____

Legal relationship of applicant to property: _____

Purpose of application: _____

Property location:

Tax map _____ Block _____ Lot _____

Lot size _____ Total square feet _____ Zoning District _____

No. of buildings existing _____ Gross floor area existing _____

No. of buildings proposed _____ Gross floor area of proposed buildings _____

Total square footage of land to be disturbed: _____

Estimated cost of project \$ _____

- **List all required site plans, specifications and documents included as exhibits to this application.**
- **Thirteen (13) copies of the site plan must be submitted with application.**

Signature _____ Date _____

Signature _____ Date _____

Applications to be considered must be submitted 21 days prior to the Board of Adjustment meetings, which are held on the last Monday of each month.

Notarized written permission authorizing the request shall be provided if the applicant is not the owner of the property (the form is attached).

Purpose of Special Use: _____

Although the application may be found to comply with all the provisions of the Ordinance, the Board may still deny the Special Use Permit if it concludes, that if approved as proposed, the development:

- a. Will materially endanger the public health or safety;
- b. Will substantially reduce the value of adjoining or abutting property;
- c. Will not be in harmony with the character of the particular neighborhood or area in which it is to be located;
- d. Will not be in general conformity with the Land Use Plan, Thoroughfare Plan, or other plan officially adopted by the City of New Bern.

Please respond to the following questions. Answers should be supported by facts when possible. At the hearing, the Board will determine whether the applicant has submitted competent, material, and substantial evidence showing that the requirements of each part have been met.

1. The proposed use will not materially endanger the public health or safety of residents and owners of surrounding properties, or the use is a public necessity. (Describe use and tell why it would not affect the health and safety of persons owning or living on surrounding properties). _____

2. The proposed use will not substantially reduce the value of adjoining or abutting property. (Describe surrounding uses and tell why the proposed use would not reduce property values). _____

3. The proposed use will be in harmony with the character of the particular neighborhood or area in which it is to be located. (Describe the day-to-day activities of the proposed use and compare it to the present uses in the surrounding area). _____

4. The proposed use will meet all required conditions and specifications of the City of New Bern. (If granted, will the proposed use be in conformity with setback, height and lot coverage requirements, etc., and will the use be in general harmony with the intent of the Land Use Ordinance?) _____

I, the undersigned, do certify that all the information presented in this application is accurate and complete to the best of my knowledge, information, and belief.

Signature

Date

FOR OFFICE USE ONLY:

Date application was received: _____

Staff comments:

Departmental Review date: _____

Staff comments:

Public hearing date: _____

Staff comments:

Disposition: _____ Zoning Administrator: _____

**Petitioners requesting Board of Adjustment action on property not owned by them
must have this form completed by the owner of the property.**

OWNERS AUTHORIZATION

Dear Sir or Madame:

I am the owner of the property located at:

I hereby authorize _____ to appear with my consent, before
the New Bern Board of Adjustment in order to ask for a Special Use Permit to

at this location. I understand that the Special Use Permit, if granted, is permanent and runs with
the land.

I authorize you to advertise and present this matter in my name as the owner of the property.

If there are any questions, please contact me at the following address:

_____ Phone _____

Respectfully yours,

Owner

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public:

My commission expires: