SPECIAL USE PERMIT APPLICATION Town of Beech Mountain



Property Information							
Property Address:							
Parcel ID #:							
Owner Information							
Name of Owner(s):							
Owner Address:							
Owner City/State/Zip							
Owner Telephone:		<u>, </u>					
Owner Email:							
Applicant Information (if different from Owner)							
Name of Applicant:							
Applicant Address:							
Applicant City/State/Zip							
Applicant Telephone:		·					
Applicant Email:							
In accordance with North Carolina General Statutes §160D-406 and Town of Beech Mountain Code of Ordinances §154.116, the party requesting a Special Use Permit shall be responsible for submitting competent, material, and substantial evidence in support of the Special Use Permit request. The Town's Zoning Administrator or his/her designee shall be present to participate in the hearing and to answer such questions as may be directed to him or her by members of the Board of Adjustment, or by any party duly participating in the hearing. However, the burden of proof and persuasion shall remain solely with the applicant. Specify the Special Use Permit being sought and describe the proposed use (use separate							
sheets if needed):							
Additional pages attached: YES NO							

CERTIFICATIONS							
Pursuant to § 154.1	DISAGREE	AGREE					
If granted, this Special or safety of persons r							
If granted, this Special public welfare or injurneighborhood							
By submitting this application, I hereby certify that I am the owner and/or legal representative of the owner of the property that is the subject of this application. I hereby certify that the information provided herein or attached hereto is true and correct, to the best of my knowledge.							
Print Name:							
Signature:							
STATE OF COUNTY OF							
The foregoing instrument was acknowledged before me this day of, 20							
Notary Public:							
My commission expires: (Official Seal)							
OFFICIAL USE ONLY							
Date Application Received:		Date of NOV:					
Meeting Dates: Board of Adjustment:							
Date Fee Paid:	Amount Paid: \$	Staff Initials:	Case Num	ber:			
I hereby certify this application is complete and accepted.							
Staff Sig	nature	 					