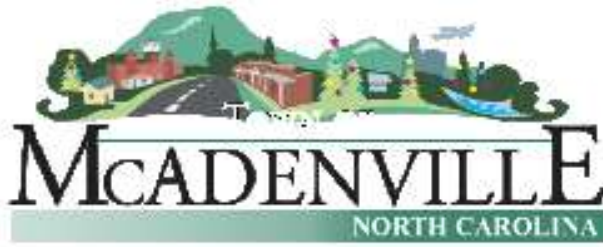


FILE#:



www.townofmcadenville.org

**TOWN OF MCADENVILLE APPLICATION
SPECIAL USE PERMIT**

1. Applicant Name: _____

2. Applicant Address: _____

3. Applicant City: _____ State: _____ Zip Code: _____

4. Applicant Contact: Phone #: _____ 2nd #: _____

Email: _____

5. Name and address of owner (if different from applicant):

6. Location of Subject Property:

Street address: _____

Gaston Tax Parcel (6 digits)# _____

7. Area of Subject Property (acres or square feet): _____

8. Zoning Classification: Current: _____ Proposed: _____

9. Existing Land Use:

10. Surrounding Zoning Districts:

North: _____ South: _____

East: _____ West: _____

Required Attachments/Submittals

1. Typed metes and bounds description of the property (or portion of property to be rezoned. A property deed is sufficient, provided that the deed describes only the property requested for rezoning.
2. A letter describing the reason(s) why you are requesting the rezoning (amendment to the zoning map of the Town of McAdenville).

FILE#:

Certification

I hereby acknowledge and say that the information contained herein and herewith is true and that this application shall not be scheduled for official consideration until all of the required contents are submitted in proper form to the Town of McAdenville. It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

Signature of Applicant: _____ Date: _____

Note: Approval of this request does not constitute a zoning permit. All requirements must be met within the UDO.

Staff Use Only:

Fee: \$ _____ Received by: _____ Date: _____
The application fee is nonrefundable

Staff Use Only:

Scheduled for Planning and Zoning Commission consideration:

Date: _____ Time: _____ Location: _____

Date Advertised, written notice(s) sent, and property posted: _____

Planning and Zoning Commission recommendation: ___ Approved ___ Denied

If denied, was an appeal filed? _____

Scheduled for Town Council consideration:

Date: _____ Time: _____ Location: _____

Dates advertised: (a) first notice: _____ (b) second notice: _____

Town Council Action: ___ Approved ___ Denied

Date applicant notified of Town Council action: _____

Comments: _____

FILE#:

SPECIAL USE PERMIT BURDEN OF PROOF

5.11.5 B.1 The applicant has the burden of producing competent, material, and substantial evidence tending to establish the facts and conditions that Subitems b and d below require. If any person submits competent, material, and substantial evidence allegedly contrary to any of the facts or conditions listed in Subitems a and c below, the burden of proof for overcoming such evidence shall rest with the applicant.

5.11.5 B.2 The Board of Adjustment may only issue a special use permit if it has evaluated an application and found each of the following findings in the affirmative:

a. The use will not materially endanger the public health or safety if located where proposed and developed according to the 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 an adopted Land Use Plan and other plans for physical development of the County as adopted by the Board of Commissioners.

PROPOSED CONDITIONS BY THE APPLICANT: _____
