

**CONDITIONAL USE/REZONING AMENDMENT APPLICATION
NASH COUNTY, NORTH CAROLINA**

Property Information

Location: _____ side of SR _____, Road Name _____

Address: _____

Nash County Parcel Number(s) _____

Total Acreage to be Rezoned: _____

Rezoning from _____ district to _____ district.

Proposed Conditional Use: _____

The applicant is the property owner. _____ Yes _____ No

Conformance with Land Development Plan/Corridor Plan

Current LDP/Corridor Plan Classification: _____.

If proposed zoning does not comply with LDP or corridor plan classification, briefly explain below how the request will promote the public health, safety and general welfare of the community:

Attachments

- (1) A non-refundable payment of \$245 (checks payable to "Nash County Planning Dept.).
- (2) Explain in narrative form, any of the standards for the conditional use permit not depicted on the site plan.
- (3) Attach a site plan of the parcel(s) that will be affected by the Conditional Use Permit including the following and any additional site specific requirements as described in the standards of Section 11-4 _____ (**attached**).
 - North arrow and scale.
 - Access and egress to the site.
 - Location and status of utilities: water, sewer, well, septic system, method of solid waste disposal, electrical service and natural gas if available.
 - Existing topography and all proposed changes. Include calculations to show acreage of area to be graded or disturbed.
 - Existing and proposed structures and any on-site improvements.
 - All existing and proposed streams, drainage ways, ponds, lagoons, wetlands, buffers, floodplains, berms, etc.
 - All existing and proposed fencing, vegetative screening and buffering.
 - All signs, lighting, landscaping, walks, parking and drives.

Acknowledgements

- I hereby make application for a conditional use rezoning and acknowledge that all individuals, firms or corporations owning property within 600' from the property will be notified of the request and provided information on the hearing dates.
- I hereby acknowledge that the Planning Staff will videotape or photograph the site prior to the Planning Board meeting.

Petitioner: _____

Signature: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____