

TOWN OF MADISON
120 N. Market Street
Madison, NC 27025
Phone (336) 427-5045 Fax (336) 427-2565

Application for Special Use Permit

Applicant _____ Owner _____

Address _____ Address _____

Telephone _____ Telephone _____

Legal relationship of applicant to property owner _____

Purpose of Permit _____

Property Street Location _____

Tax PIN _____ Lot Size _____ Square Feet _____

Zoning District _____ No. of buildings to remain _____ Gross floor area to remain _____

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

Total square footage of land to be disturbed _____

Estimated cost of Project \$ _____

Proposed use, justification and reason for obtaining permit (explain in detail):

Street location of proposed use _____

Current Zoning district of proposed use _____

Tax Map lot number of said property _____

Deed Reference _____
(Attach copy of deed to this application)

ATTACH PLOT PLAN TO ILLUSTRATE REQUEST FOR SPECIAL USE PERMIT

Submit plat, drawing or sketch of proposed use; such as drawing of new building(s) or existing building(s) as situated on lot along with size of building and footage setbacks on all sides of building from property lines and show proposed parking lot area including size of each parking space and angle of parking spaces, truck loading spaces, location of any entrances or drives, general drainage systems, location and materials of walls and fences, location of any accessory buildings, location of area devoted to plantings, lawns, trees, etc., architectural plans for proposed buildings, and show plans for refuse disposal equipment such as compactors or dumpsters, etc.; and any other appropriate information

Signature of Applicant

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FOR OFFICE USE ONLY

Zoning Enforcement Officer – Date Received _____ Permit Fee **\$250.00**

Zoning Enforcement Officer’s Signature _____