



Town of Garland
190 South Church
Avenue Garland,
North Carolina 28441

SPECIAL USE PERMIT APPLICATION

Name of Project: _____

Date: _____

Applicant Name: _____

The following checklist to be completed by applicant:

Application Fee, \$400.00

Advertisement Fee , \$200.00

Submit 1 hardcopy and 1 digital copy of each of the following:

Completed Application

Owner's Consent Form

Adjacent Property Owner's List

Associated Site Plan

Reviewed by: _____



Town of Garland
190 South Church
Avenue Garland,
North Carolina 28441

SPECIAL USE PERMIT APPLICATION

SITE INFORMATION

Name of Project: _____
Acreage of Property: _____ Zoning District: _____
Pin #: _____
Address/Location: _____
Existing Use: _____ Proposed Use: _____

APPLICANT INFORMATION

Applicant: _____
Mailing Address: _____
Phone Number: _____ Fax: _____
Contact Person: _____
Email Address: _____

PROPERTY OWNER INFORMATION

Name: _____
Mailing Address: _____
Phone Number: _____ Fax: _____
Email Address: _____

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ File Number: _____

2. The requested use is essential or desirable to the public convenience or welfare.

3. The requested use will not impair the integrity or character of the surrounding or adjoining districts, nor be detrimental to the health, morals, or welfare.

4. The requested use will be in conformity with officially adopted town plans and policies.

5. Adequate utilities, access roads, drainage, sanitation and/or other necessary facilities have been or are being provided.

6. That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets.

7. That the special use shall, in all other respects, conform to the applicable regulations of the district in which it is located.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make an application and petition to the Board of Commissioners of the Town of Garland to approve the subject Special Use Permit. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Garland, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date



Town of Garland
190 South Church
Avenue Garland,
North Carolina 28441

OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name: _____

Address or PIN #: _____

AGENT/APPLICANT INFORMATION:

(Name - type, print clearly)

(Address)

(City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

(Name - type, print clearly)

(Address)

(Owner's Signature)

(City, State, Zip)

STATE OF _____
COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20_____.

SEAL

Notary Public

My Commission
Expires: _____