

Rowan County Department of Planning & Development 402 N. Main Street Ste 204 Salisbury, NC 28144 Phone (704) 216-8588 Fax (704) 638-3130 www.rowancountync.gov

Case #	<u>SUP</u>	
Date Filed		
Received By		
Amount Paid	I	
Office Use Only		

SPECIAL USE PERMIT APPLICATION —

OWNERSHIP INFOR	MATION:	
Name:		
Signature:		
Phone:	Email:	
Address:		
APPLICANT / AGEN	T INFORMATION:	
Name:		
Signature:		
Phone:	Email:	
Address:		
PROPERTY DETAIL	S:	
Tax Parcel:	Zoning District:	
	Deed Reference: Book	
Property Location:		
	Street Frontage:	
Current Land Use:		
Surrounding Land Use	e: North	
	South	
	East	
	West	

PURPOSE & SECTION:	
State purpose of special use permit:	
Cite section(s) of Zoning Ordinance which permit is b	eing requested:
ATTACHED DOCUMENTS:	
Applicant must a site plan based on information require	red in Section 21-52.
Attached: Yes No	
Applicant shall, at the time the application is made, pr	esent all the necessary evidence (maps,
drawings, statements, certifications, etc.) showing how	
sections of the Zoning Ordinance will be met.	
OFFICIAL USE	ONLY
Signature of Coordinator:	
Public Hearing:/ 3. Notifications Mailed:	
5. BOC Action: Approved Denied	
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