



**Town of Elon
BOARD OF ALDERMEN
APPLICATION FOR SPECIAL USE PERMIT**

*Applicant must comply with the provisions of Section 6.7 of the Town of Elon Land Development Ordinance
PLANS MUST BE SUBMITTED ALONG WITH APPLICATION
Applications are due by the end of the month prior to next month's meeting*

APPLICATION FEE-----\$200.00

DATE APPLICATION SUBMITTED _____
DATE OF BOARD OF ALDERMEN HEARING _____
ZONING ORDINANCE SECTION _____
APPLICATION REVIEWD BY _____

PROJECT SUMMARY

- Project Name _____
- Street Address or Property Description _____
- Tax Map / Block / Lot Number _____ Zoning District _____
- Existing Use _____
- Proposed Use _____
- Name of Applicant** _____
- Address _____
- City / State / Zip _____
- Telephone Number _____ Fax Number _____
- Email address _____
- Name of Property Owner / Developer (if different from above)** _____
- Address _____
- City / State / Zip _____
- Phone Number _____ Fax Number _____
- Email Address _____
- Property Owner Signature _____ Date _____