

SPECIAL USE PERMIT APPLICATION

Town of Elon Planning Department 104 S. Williamson Ave Elon, NC 27244 (336) 584-3601

APPLICANT INFORMATION				
Name:	Tele	Telephone:		
Mailing Address:				
City:	State:		Zip:	
Email:				
PROPERTY OWNER INFORMA	TION			
Name:	Tele	Telephone:		
Mailing Address:				
City:	State:		Zip:	
Email:				
REQUEST				
PROPERTY INFORMATION				
Address:	City:	State:	Zip:	
	Total Acreage:			
Zoning District:	Watershed:	Flo	odplain: 🗌 Yes 🗌 No	
Utilities (check all that apply): \Box	Public Sewer	☐ Septic	☐ Well	
CONDITIONS FOR APPROVAL				
in accordance with subsection 8.2 final denial or approval of all Spection 7 final denial or approval of all Spection 7 final Council may attach additional applicant must be given reasonable or denial by the Town Council. Plection (please attach additional sheets if the council of the counc	mit must be conducted as a quasi-judicial .2.C of The Town of Elon's Land Develop cial Use Permit applications. In approving all fair and reasonable ad-hoc conditions whe opportunity to consider and respond to a case state how your request will meet each necessary). principles and specifications of the Land D	ment Ordinance. an application fon ich support the reading additional request of the Three Fi	The Town Council will given a Special Use Permit, the equired findings of fact. The uirements prior to approval andings of Fact listed below	

(2) That the use, if developed according to the plan submitted and approved, will be visually and functionally compatible with the surrounding area.				
(3) That the use will not materially endanger the public health o adjoining property if located where and hot it is proposed.	r safety and will not sub	estantially injure the value of		
SITE PLAN REQUIREMENTS				
Please refer to Town of Elon Section 7.3-Summary Table for plan requirements.	required Special Use Pe	ermit development proposal site		
SIGNATURES AND ACKNOWLEDGEMENT				
The undersigned hereby certify that the forgoing application is of hereby authorizes the Town of Elon Planning Director or designary property for the purpose of inspecting and verifying compliance	ated representative to e	nter upon the above referenced		
Signature of Applicant	-	Date		
Signature of Property Owner	-	Date		
OFFICE USE ONLY				
Completed Application Submitted On:	_ Received By: _			
Receipt Number:	_			
Public Hearing Notice Filed:				
Datas Nations D. Historia	Name of Newspaper			
Dates Notices Published:				
Date of Town Council Hearing:				
Action of Town Council:				