

Pender County Planning and Community Development

Planning Division
805 S. Walker Street
PO Box 1519
Burgaw, NC 28425



Phone: 910-259-1202
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www.pendercountync.gov

SITE DEVELOPMENT APPLICATION

THIS SECTION FOR OFFICE USE					
Date: 3/24/2015	Permit Number:	Permit Fee: NA	Receipt Number: NA		
*Zoning Approval ONLY: YES / NO			Final Zoning Compliance Approved: YES / NO / N/A		
Type of Site Development Plan	<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Up-Fit	<input type="checkbox"/> Name Change	
Change of Current Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Does Not Apply		Previous Use:	
SECTION 1: GENERAL INFORMATION					
Applicant's Name:	Pender Solid Waste		Owner's Name:	Pender County	
Applicant's Address:	605 E. Fremont St.		Owner's Address:	805 S. Walker St.	
City, State, & Zip	Burgaw, NC 28425		City, State, & Zip	Burgaw, NC 28425	
Phone Number:	259-1570		Phone Number:	259-1200	
Legal relationship of applicant to land owner:	county department				
SECTION 2: PROJECT INFORMATION					
PIN (Property Id #):	42031786160000		Total property acreage:	19.21	
Zoning :	OI-CD1		Acreage to be disturbed:	3.5	
Directions to Site:	248 Transfer Station Rd., Hampstead, NC 28443				
Lot Size: 19.21 acres		Sq Ft of Building: 250		Building Height: 15'	
Setbacks	Front : 25'	Side : 10'		Rear: 10'	
NAICS Code/Use:	562111/Solid Waste Collection (public)				
Business Name:	Hampstead Convenience Center				
Describe activities to be undertaken on project site:	Relocation of the existing Hampstead Convenience Center to this location for disposal of general household waste and recycled materials.				
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Number of Employees:	2	Number of Members:	NA	Seating Capacity: NA

** If the applicant is not the owner of the property, a notarized letter from the property owner may be required.
Zoning approval is for the use being proposed ONLY, other department approvals may be required i.e. Fire Marshal, Environmental Health, Permitting, etc...

SECTION 3: CONDITIONS OF PERMIT (STAFF ONLY) Check all that apply

<input checked="" type="checkbox"/>	Subject to compliance with all local, state and federal regulations
<input checked="" type="checkbox"/>	Compliance with the site plan and application submitted for this permit
<input checked="" type="checkbox"/>	Compliance with setbacks
	Located within the Special Flood Hazard Area (SFHA): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
NA	SFHA Zone: AE, A, VE, AEFW (circle one) <input type="checkbox"/> Flood-proofing Certification Required <input type="checkbox"/> Elevation certificate required <input type="checkbox"/> No-Rise Certification Required <input type="checkbox"/> Electrical and Mechanical to be Elevated <input type="checkbox"/> Hydrostatic Openings Required
NA	Foundation survey required
<input checked="" type="checkbox"/>	Pender County Environmental Health Approval <input checked="" type="checkbox"/> Septic Permit <input type="checkbox"/> Well Permit
<input checked="" type="checkbox"/>	Community Water System Approval <input checked="" type="checkbox"/> Pender County Utilities (PCU) Water <input type="checkbox"/> Private Water
NA	Community Wastewater Approval <input type="checkbox"/> Pender County Utilities (PCU) Sewer <input type="checkbox"/> Private Wastewater
<input checked="" type="checkbox"/>	Sediment and Erosion Control Permit (if required) PER TRC
<input checked="" type="checkbox"/>	Storm Water Permit (if required) PER TRC
<input checked="" type="checkbox"/>	NC DOT Driveway Permit PER TRC
<input checked="" type="checkbox"/>	Army Corp Engineers Wetland Permit PER TRC
NA	CAMA permit required
<input checked="" type="checkbox"/>	Landscape, buffer, parking compliance required PER REZONING
NA	Compliance w/ Special Use Permit (Case Number : _____ if already issued)
NA	Variance approval
<input checked="" type="checkbox"/>	Sign Permit IF SIGN CONSTRUCTED
	Additional Use Plot Plan
	Additional Conditions (staff or TRC):
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	Additional Conditions (staff or TRC):

SECTION 4: ADDITIONAL COMMENTS

All conditions of rezoning & TRC comments shall be applicable

SECTION 5: SIGNATURES

Applicant:	<i>[Signature]</i>	Date:	<i>3/24/15</i>
Owner:	<i>[Signature]</i>	Date:	<i>3-24-15</i>
Planning Staff:	<i>[Signature]</i>	Date:	<i>3/26/2015</i>
Permit Technician:		Date:	
Final Zoning Compliance Approved By:		Date:	