Pender County
Planning and Community Development

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

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

Special Use Permit Submission

Applications will be considered for the Board of County Commissioners hearing and reviewed by Staff only when deemed complete. The application will be regarded as incomplete until the following items are received by the Planning and Community Development Staff.

1. ✓ **Pre-submittal Meeting**
   Date of Meeting 5-19-2020
2. ✓ **Signed Application**
3. ✓ **Payment**
   $300 for the first 5 acres; $10 per acre over 5 acres of the project area
4. ✓ **Site Plan**
   All Site Plans submitted must be in accordance with Section 3.12.2 of the Unified Development Ordinance.
5. ✓ **Digital Submission**
   For all documents submitted in paper copy, bring a digital copy with paper submission.
6. ✓ **Adjacent Property List**
   The applicant shall provide to the Administrator a list of names and addresses of the owners of all properties located within 500-feet of the perimeter of the project bounds along of the property under consideration.
7. ✓ **Adjacent Property Envelopes**
   The applicant shall provide one (1) set of #10 envelopes with typed addresses to each person on the owners of all properties located within 500-feet of the perimeter of the project bounds and accompanied with the required amount for first class postage.

I certify that all information presented in this application is accurate to the best of my knowledge.

Signature of Applicant Thomas P. Burns Date 6-17-2020

Printed Name THOMAS P. BURNS
TRUSTEES CHAIR HUMC

Staff Initials: AB
Date: 6-18-2020

APPLICATION FOR SPECIAL USE PERMIT

THIS SECTION FOR OFFICE USE			
Application No.	SUP 2020-16	**Date**	6-18-2020
Application Fee	$ 300.00	**Receipt No.**	11167
Pre-Application Conference	5-19-2020	**Hearing Date**	8-16-2020

SECTION 1: APPLICANT INFORMATION			
Applicant's Name:	Thomas Burns (Trustee)	**Owner's Name:**	Hampstead United Methodist Church
Applicant's Address:	15395 US-17	**Owner's Address:**	15395 US-17
City, State, & Zip	Hampstead, NC 28443	**City, State, & Zip**	Hampstead, NC 28443
Phone Number:	910 512-9862	**Phone Number:**	910 512-9862
Email Address:	tomburns@warmnc.org	**Email Address:**	tomburns@warmnc.org
Legal relationship of applicant to land owner:	Legal representative for Hampstead United Methodist Church		

SECTION 2: PROJECT INFORMATION			
Property Identification Number (PIN):	3292-00-9384-0000 3293-00-6154-0000	**Total property acreage:**	8.67 8.08
Zoning Classification:	O&I	**Acreage to be disturbed:**	.05 Acres
Project Address :	15395 US-17, Hampstead, NC 28443	**NAICS Code:**	8.1.2
Description of Project Location:	Hampstead United Methodist church grounds		
Describe activities to be undertaken on project site:	Interment of deceased persons ashes, in urns, into a Columbarium niche.		

SECTION 3: SIGNATURES			
Applicant's Signature	Thomas P. Burns HUMC Trustees Chair	**Date:**	6-17-2020
Owner's Signature	N/A See above	**Date:**	

NOTICE TO APPLICANT

1. Applicant must also submit the information described on the Special Use Checklist.
2. Applicant or agent authorized in writing must attend the public hearing.
3. Once the public hearing has been advertised, the case will be heard unless the applicant withdraws the application or unless the Board of Commissioners or other authorized person agrees to table or delay the hearing.
4. Applicant may wish to review the required findings for approval of a Special Use Permit found on page 1 of this application
5. **Permit will become void after 12 months if a final zoning permit is not obtained, unless specifically requested at the time of public hearing.**

Office Use Only

☑ **$ 300 for the first 5 acres; $10 per acre over 5 acres of the project area**	**Total Fee Calculation: $** 300.00
	Application#: SUP 2020-16
	Date of Hearing: 8/16/2020

Attachments Included with Application: (Please include # of copies)

CD /other digital version	☐ Y ☐ N	Plan Sets	# of large	# of 11X17	Other documents/Reports	☐ Y ☐ N

Payment Method:	**Cash :** ☐ $_____	**Credit Card:** ☐ Master Card ☐ Visa	**Check:** ☐ Check # 7154

Application received by:	Abie Bonevac	Date: 6-18-2020
Application completeness approved by:	Abie Bone	Date: 6-18-2020