

APPLICATION FOR SPECIAL USE PERMIT

THIS SECTION FOR OFFICE USE

Application No.	SUP <u>Sup 2020-17</u>	Date	<u>8/7/20</u>
Application Fee	\$ <u>314.70</u>	Receipt No.	
Pre-Application Conference		Hearing Date	



SECTION 1: APPLICANT INFORMATION

Applicant's Name:	<u>HOOVER ROAD INVESTMENTS, LLC</u>	Owner's Name:	<u>SAME</u>
Applicant's Address:	<u>60 GREGORY RD SUITE 1</u>	Owner's Address:	
City, State, & Zip	<u>BELVILLE, NC 28451</u>	City, State, & Zip	
Phone Number:	<u>910.791.6707</u>	Phone Number:	
Email Address:	<u>aengelbretson@paramounte-eng.com</u>	Email Address:	
Legal relationship of applicant to land owner: <u>SAME</u>			

SECTION 2: PROJECT INFORMATION

Property Identification Number (PIN):	<u>3293-03-2014-0000</u> <u>PART OF: 3283-94-9377-0000</u>	Total property acreage:	<u>± 6.47AC</u>
Zoning Classification:	<u>RA</u>	Acreage to be disturbed:	<u>± 6.47AC</u>
Project Address :		NAICS Code:	
Description of Project Location:	<u>BETWN. HOOVER RD & THRUH TRAIL</u>		
Describe activities to be undertaken on project site:	<u>CONSTRUCTION MATERIAL EQUIPMENT STORAGE IN A CONSTRUCTION LAYDOWN YARD; ANY OTHER ASSOCIATED ACTIVITIES; USES CONSISTENT WITH CONSTRUCTION LAYDOWN YARD</u>		

SECTION 3: SIGNATURES

Applicant's Signature		Date:	<u>8/4/20</u>
Owner's Signature		Date:	<u>8/4/20</u>

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: \$

Application#:

Date of Hearing:

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

CD /other digital version	<input type="checkbox"/> Y <input type="checkbox"/> N	Plan Sets	# of large	# of 11X17	Other documents/Reports	<input type="checkbox"/> Y <input type="checkbox"/> N
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Payment Method:

Cash :

\$ _____

Credit Card:

Master Card
 Visa

Check:

Check # _____

Application received by:

Date:

Application completeness approved by:

Date:

Pender County Planning and Community Development

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



Phone: 910-259-1202
Fax: 910-259-1295
www.pendercountync.gov

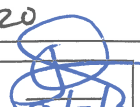
Special Use Permit Submission

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 6/18/20
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 
Printed Name D LOGART

Date 8/4/20
Staff Initials: 
Date: 8/7/20