



Town of Aberdeen Planning & Inspections Department

Office: (910) 944-7024 | Email: Aberdeen.Planning@gmail.com



SPECIAL USE PERMIT - APPLICATION

ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.

APPLICATION DATE : ___/___/___ **LOCATION / ADDRESS :** _____

APPLICANT : _____

Phone Number : _____ Email Address : _____

Status of Applicant : Property Owner Developer Legal Representative Other : _____

PARCEL IDs (*list all applicable*) : _____

PROPOSED USE (*using Aberdeen UDO Table 4.1.9.*) : _____

SPECIAL USE REVIEW STANDARDS (*provide site plan, answer all questions fully, use additional sheets if needed*) :

How will use not materially endanger the public health or safety if located where proposed ? _____

How will use comply with all required standards, conditions, and specifications of the Ordinance ? _____

How will use not substantially injure the value of the abutting land, or how is the use is a public necessity ? _____

How will use be in harmony with the area in which it is to be located ? _____

How is use in general conformity with the Town's adopted policy guidance ? _____

ACKNOWLEDGEMENT : I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : _____ DATE : ___/___/___

APPLICANT SIGNATURE : _____