

**Internal Use Only**  
FILE # \_\_\_\_\_  
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# TOWN OF NEWPORT, NORTH CAROLINA

## Application for Special Use Permit

Last revised 3/20

Address/Location: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Acreeage of Parcel: \_\_\_\_\_

PIN(s): \_\_\_\_\_

Core CAMA Land Use Plan Area: \_\_\_\_\_

Is this an amendment to an existing special use permit? If so, provide SUP number: _____	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
A Preliminary Site Plan is required to be attached to any SUP application. Is a preliminary site plan attached to this application?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

**Contact Person/Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner(s) of Record** (If different than applicant):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those PINs:

\_\_\_\_\_

In granting a special use permit, the Board of Adjustment may attach reasonable requirements in addition to those specified in the Town of Newport's Zoning and Development Ordinance, ensuring that the development in its proposed location will meet the standards mentioned below. Please briefly indicate how your request meets or exceeds these standards (please attach additional sheets if necessary).

The use requested among those listed as an eligible special use in the zoning district in which the subject property is located:

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The requested special use permit is either essential or desirable for the public convenience or welfare:

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The requested special use permit will not impair the integrity or character of the surrounding or adjoining districts, nor will be detrimental to the safety, health, or welfare of the community:

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The requested special use permit will be in conformity with all officially adopted land development plans:

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Adequate utilities, access roads, drainage, sanitation, and or necessary facilities have been or are being provided:

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**Attachments Required** – provide a copy of each

1. *Recorded plat or boundary survey of the parcel(s) requested for the special use permit.* If there is no recorded plat or boundary survey, provide legal description of the parcel(s).
2. *Ownership information – A copy of the property deed that indicates current ownership.* If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

**Certification**

I (We) hereby certify that I (we) own the subject property, or have the legal power to act on behalf of the owner in filing this application. I (We) also certify that the information furnished in this application is accurate to the best of my (our) knowledge.

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*Print Name of Owner/Applicant*

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*Signature of Owner/Applicant*

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Date

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*Print Name of Owner/Applicant*

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*Signature of Owner/Applicant*

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Date