

TOWN OF MARSHVILLE

CONDITIONAL USE DISTRICT REZONING APPLICATION

Application Number: _____ Date of Application: _____

I. Applicant / Owner Information

- A. Applicant's Name: _____
Address: _____
Phone: _____
- B. Owner's Name: _____
Address: _____
Phone: _____

II. Property Information

- A. Property Location: _____

- B. Tax Parcel Number: _____
- C. Deed Book _____ Page _____
- D. Existing Zoning _____ Proposed Zoning *CUD* - _____
- E. Existing Use _____ Proposed Use _____
- F. Property Size _____ (Sq. Ft./Acres)

III. Other Required Information (Attach The Following)

- A. Narrative describing the requested conditional use in sufficient detail and a justification that the conditional use meets the standards and intent contained in the Land Use Ordinance.
- B. The owners' names, addresses, the tax parcel numbers use(s), and current Zoning Classifications of all adjoining properties. Please include this information on the Attachment "A" form.

- C. A scaled boundary survey drawn to an appropriate scale prepared by and certified to be correct by a surveyor or engineer registered with the State of North Carolina, showing dimensions of the property and adjacent lots and streets, the total acreage, present zoning classification(s), date and north arrow. On copies of this survey shall be drawn the following Information:
- (1) All existing easements, reservations, right-of-way and all yard requirements for the zoning district.
 - (2) A site plan showing all existing and/or proposed buildings, storage areas, parking and access areas, proposed size layout and setbacks of land and proposed structures, and proposed number, type, and location of signs. For residential uses this shall include the number of units and an outline of the area here the structures will be located. For nonresidential uses, this shall include the approximate square footage of all structures and an outline of the area where the structures will be located.
 - (3) Traffic, parking and circulation plans, showing the proposed locations and arrangement of parking spaces and access points to adjacent streets. (Shopping Centers, having two (2) or more individual uses shall show the parking spaces, channelization and ratios shown, service areas, off-street loading facilities, service drives and dimensions thereon; and all pedestrian ways.)
 - (4) Landscape plan at the same scale as the site plan showing existing and proposed trees, ground cover and landscape material, proposed screening, and buffering (if applicable) including walls, fences or planted areas as well as treatment of any existing natural features.
 - (5) Statement that plan will comply with Town of Marshville lighting regulations.
- D. Plans and elevations for all proposed structures.
- E. A map at the same scale as the site plan showing the following:
- (a) Delineation of areas within the floodplain as shown on the official flood hazard boundary maps.
 - (b) Accurate mapping of all soil classifications found on the site and general depths thereof. The applicant shall use the same classifications used by the U. S. Department of Agriculture.

- (c) Existing and proposed topography at five (5) feet contour intervals.
- (d) Plans for providing potable water and for the treatment of wastewater.
- F. Certification from owner of record that applicant has authorization to apply for this zoning action. (This is needed only if the applicant is not the property owner). Certification shall be notarized.
- G. State whether or not the applicant or owner, owns, has a proprietary interest, or in any way has any other contractual interest in any land that is contiguous to the land which is the subject of this request. If so, please provide a sufficient legal description of such land and state the interest of the applicant or owner.
- H. Application processing fee. Attach check, payable to the *Town of Marshville* in the amount of \$300.

I, the undersigned owner or authorized representative, hereby submit this application with the attached information. The information and documents provided are complete and accurate to the best of my knowledge.

DATE

SIGNATURE OF OWNER OR AUTHORIZED
REPRESENTATIVE

(The Following Information is to be Completed by the Land Use Administrator)

RECOMMENDATIONS OF THE PLANNING BOARD: _____

PUBLIC HEARING DATE: _____

Notice of Public Hearing Published On: _____

Notices to Applicant and Adjoining Property Owners Mailed on: _____
(Verification Attached)

Sign Posted On: _____

Conditional Use Permit "Findings of Fact" Checklist Attached: YES_____ NO_____

Action Taken by Town Council _____

Conditions Imposed by the Town Council Upon Said Conditional Use _____

Notification of Action Mailed to Applicant On: _____
(Notification Attached)