Town of Spring Hope

118 W. Railroad Street * P. O. Box 87 Spring Hope, NC 27882 (252) 478-5186

APPLICATION FOR CONDITIONAL USE PERMIT

Filing Fee: \$100.00

Applicant Name:	
Property Address:	
Current Zoning:	Date Filing Fee Paid:
I,	, hereby petition the Spring Hope Board of Adjustments
to issue a Conditional Use Permit, which w	ill be used for the following purpose:
as further described in the attachments to this petition:	
Conditions must be met by Sections 606, 60	07 of the Spring Hope Zoning Ordinance
The Board of Adjustments meeting to hear	
in the Council Room at the Spring Hope To	
Application Received By:	Applicant:
Signature	Signature
Title	Address
Date	Phone
Request is hereby: APPROVED	DENIED
Comments:	
Authorized Signature:	Date

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