

Town of Spring Hope

PO Box 87 * 118 W. Railroad Street
Spring Hope, NC 27882

Phone: (252) 478-5186

Fax: (252) 478-7131

APPLICATION FOR CONDITIONAL USE PERMIT

\$100.00 filing fee paid: _____

Current zoning: _____

Address of Property: _____

I, _____, hereby petition the Spring Hope Board of
(Printed Name of Applicant)

Adjustments to issue a Conditional Use Permit for the following purpose:

as further described in the attachments to this petition:

Conditions must be met by Sections 26-325 thru 26-329 of the Spring Hope Zoning Ordinance, found @ www.municode.com/library/nc/spring_hope; Additional conditions must be met as set forth by the Spring Hope Town Board of Adjustments.

The Board of Adjustment meeting to hear this request will take place on _____ in the Council Room at Spring Hope Town Hall.

Applicant:

Signature

Date

Phone #

Mail Address

Application Received By:

Signature

Title

Date