



CITY OF HENDERSON  
DEVELOPMENT SERVICES

134 ROSE AVENUE  
HENDERSON NC 27536  
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252-492-7935 fax  
[www.ci.henderson.nc.us](http://www.ci.henderson.nc.us)

**SPECIAL USE PERMIT APPLICATION**  
**\$450 FEE**

**Application Instructions:** Complete all applicable sections in this form. No application will be processed by the Planning Department until a complete application and all required documents are received and paid. Staff may request additional information or plan depending on use requirements. **A scaled site, floor, elevation, demolition plans must be submitted with application.**

Site Plan                       Floor Plan                       Elevation Plan                       Demolition Plan (if applicable)  
 Utility Plan (if Applicable) May be submitted after review but will be condition of Board of Adjustment Approval. The Zoning Board of Adjustment will hear this case based on the following factors:

**Section 803 - Special Use Permit:**

1. The use will comply with the requirements of Article 600A and 600B of this Zoning Ordinance.
2. The use will not materially and adversely affect public health, safety or welfare;
3. The use will not substantially injure the value of adjoining or abutting properties;
4. The use will be in harmony with the area in which it is located; or be a matter of public need;
5. The use will not substantially contribute to an overburdening of municipal services; and
6. The use will be in conformity with the Henderson Land Use Plan and other duly adopted plans and policies of the City.

<b>Owner's Name (As Listed on Tax Records)*:</b>	<b>Applicant's Name:</b>	<b>Contractor's Name: (If applicable)</b>
Street Address:	Street Address:	Street Address:
City, State Zip	City, State Zip	City, State Zip
Contact phone #:	Contact phone #:	Contact phone #:
Email Address:	Email Address:	Email Address:

**PLEASE ANSWER THE FOLLOWING GENERAL QUESTIONS:**

1. What is the project name? \_\_\_\_\_
2. Where is the property location? \_\_\_\_\_
3. Attach a typewritten description of the proposal project. Include how the business will operate, hours, and staffing.

4. What is the legal relationship of the applicant to property owner?

\_\_\_\_\_  
\_\_\_\_\_

5. Will the business be located in an existing building? **Circle YES or NO**

6. What is the existing square footage? \_\_\_\_\_ What is the proposed square  
footage? \_\_\_\_\_ What is the total square footage? \_\_\_\_\_

7. Are there any new additions, upgrades or rehabs for the existing building? **Circle YES or NO**

8. How many parking spaces exist on the property? \_\_\_\_\_

9. How many parking spaces are proposed on the property? \_\_\_\_\_

**I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized City of Henderson representatives are granted right of entry to make evaluations or inspections and to release information upon public request.**

\_\_\_\_\_  
***Applicant Signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Property Owner Signature or Authorized Agent***

\_\_\_\_\_  
***Date***

**FOR DEVELOPMENT SERVICES STAFF ONLY:**

Received By: _____ Fee: _____	Proposed Use: _____
Date Paid: _____ How Paid: _____	PIN #: _____
Check #: _____ Receipt#: _____	City or ETJ: _____ Zoning: _____
Special Use Permit Case # _____	Front Setback: _____ Side Setback: _____
Board of Adjustment Action: _____	Rear Setback: _____ Lot Width: _____
	Board of Adjustment Date: _____