

Town of Garland 190 South Church Avenue Garland, North Carolina 28441

SPECIAL USE PERMITAPPLICATION

Name of Project:	Date:	
Applicant Name:		
The following checklist to be completed	by applicant:	
Application Fee, \$400.00		
Advertisement Fee, \$200.00		
Submit 1 hardcopy and 1 digital copy of	feach of the following:	
Completed Application		
Owner's Consent Form		
Adjacent Property Owner's List		
Associated Site Plan		
Reviewed hv		

May 2024 1 of 10



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SPECIAL USE PERMIT APPLICATION

SITE INFORMATION		
Name of Project:		
Acreage of Property:	Zon	ing District:
Pin #:		
Address/Location:		
Existing Use:	Prop	osed Use:
APPLICANT INFORMA	ATION	
Applicant:		
Phone Number:		Fax:
Contact Person:		
E 1 A J J		
PROPERTY OWNER I	NFORMATION	
Name:	·	
Phone Number:		Fax:
Email Address:		
	OFFICE US	TE ONLY
Date Received:	Amount Paid:	File Number:

May 2024 2 of 10

EXP	LANATION OF PROJECT
Please	provide detailed information concerning all requests. Attach additional sheets if necessary.
REQ	UIRED FINDINGS OF FACT
Use to	n 152.163 of the Town of Garland Zoning Ordinance requires applications for a Special address the following findings. The burden of proof is on the applicant and failure to ately address the findings may result in denial of the application. Please attach additional pages ssary.
	The use requested is listed among the special uses in the district for which the application is made; or is similar to character to those listed in that district.
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May 2024 3 of 10

. T	he requested use is essential or desirable to the public convenience or welfare.
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	he requested use will not impair the integrity or character of the surrounding or adjoining districts or be detrimental to the health, morals, or welfare.
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. Tl -	he requested use will be in conformity with officially adopted town plans and policies.
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	dequate utilities, access roads, drainage, sanitation and/or other necessary facilities have been or re being provided.
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May 2024 4 of 10

	6. That adequate measures have been or will be taken to provide ingress and egress so designed a minimize traffic congestion in the public streets.		e ingress and egress so designed as to
	That the special use sh in which it is located.	all, in all other respects, conform to th	e applicable regulations of the district
	-		
Al	PPLICANT AFFIDAY	VIT	
the righ hero mat	Town of Garland to ap at to request such action ewith are true and cor	hereby make an application and petition prove the subject Special Use Permit. and that the statements or information rect to the best of my knowledge. Its become official records of the Town	I hereby certify that I have full legal made in any paper or plans submitted understand this application, related
Prin	t Name	Signature of Applicant	Date

May 2024 5 of 10

ADJACENT PROPERTY OWNERS LIST

Project Name:		
The following are all the persons, firms, or corporations owning property within 100 feet and immediately adjacent to the property (including across street rights of way) subject to this request. Where the subject property immediately adjoins a public or private right-of-way, landscape or riparian buffer, commonly-owned private area, public property, or homeowners' association property, then letters of notification shall be sent to adjoining property owners as if they directly abut the subject property. Please use a separate sheet if necessary It is the responsibility of the applicant to correctly identify the current owner, based upon records in the Sampson County GIS Office, for all property owners of land within the required public notice radius.		
PARCEL NUMBER NAME ADDRESS		

May 2024 7 of 10



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OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name:	Address or PIN #:		
AGENT/APPLICANT INFORMATION:			
(Name - type, print clearly)	(Address)		
	(City, State, Zip)		
	t/applicant to act on my behalf, to submit applications and all required a me at all meetings and public hearings pertaining to the following		
Furthermore, I hereby give consent to the party design part of the approval of this application.	nated above to agree to all terms and conditions which may arise as		
false, inaccurate or incomplete information provided by	onsent form as/on behalf of the property owner. I understand that any y me or my agent will result in the denial, revocation or administrative mits. I further agree to all terms and conditions which may be imposed		
OWNER AUTHORIZATION:			
(Name - type, print clearly)	(Address)		
(Owner's Signature)	(City, State, Zip)		
STATE OF COUNTY OF			
Sworn and subscribed before me, 20	, a Notary Public for the above State and County, this		
SEAL	Notary Public		
	My Commission Expires:		

May 2024 8 of 10