



CONDITIONAL DISTRICT

Person County Planning & Zoning

325 S. Morgan Street, Suite B • Roxboro, NC 27573 • (336) 597-1750

Application Number _____

Tax Map & Parcel Number _____

APPLICANT INFORMATION

REQUIRED

APPLICANT NAME: _____ COMPANY: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ TELEPHONE: _____

PROPERTY INFORMATION

REQUIRED

PROPERTY ADDRESS: _____
PROPERTY OWNER: _____ TELEPHONE: _____
MAILING ADDRESS: _____

UTILITIES– Complete this section for utilities existing or proposed on the property.

REQUIRED

Documentation from the City of Roxboro and/or Environmental Health required

PUBLIC WATER	☐ Existing	☐ Proposed	☐ N/A	PUBLIC SEWER	☐ Existing	☐ Proposed	☐ N/A
WELL	☐ Existing	☐ Proposed	☐ N/A	SEPTIC	☐ Existing	☐ Proposed	☐ N/A

PROJECT DETAILS – Complete this section for all proposed development.

REQUIRED

TOTAL SQUARE FOOTAGE OF ALL PROPOSED DEVELOPMENT: _____ SF
DESCRIPTION OF ALL PROPOSED DEVELOPMENT: _____

To be tentatively accepted, a pre-application meeting with staff one week prior to submittal and all of the applicable materials must be submitted by the noon deadline. Planning Director must approve any exceptions.

NOTE: In addition to additional material specified above, the applicant may provide any other written, drawn or photographed material that may support the request.

Township: _____ Zoning District(s) _____ Total Lot Area (in acres): _____

Site Access from State Route Number/Road Name: _____

Zoning District: _____ Watershed: _____ Floodplain: ☐ Yes ☐ No

Checklist:

- ____ 1. A completed Conditional District Application.
- ____ 2. Print out 500 foot buffer of property obtained from GIS (at cost).
- ____ 3. Supply the list of names and addresses of the property owners located within 500 feet buffer
- ____ 4. Twenty-four (24) copies of the Site Plan.
- ____ 5. Other necessary information requested by Zoning Administrator.

CONDITIONS FOR APPROVAL – Complete this section for all proposed development.

REQUIRED

The following conditions must be met in order for the Board of Adjustment to approve a request. Please state how your request will meet each of the Four Findings of Fact (please attach additional sheets if necessary).

1. That the use will not materially endanger the public health or safety if located where proposed and developed according to the plan as submitted and approved.

2. That the use meets all required conditions and specifications.

3. That the use will not substantially injure the value of adjoining or abutting property, or that the use is a public necessity.

4. That the location and character of the use if developed according to the plan as submitted and approved will be in harmony with the area in which it is to be located and in general conformity with comprehensive plan.

ZONING PROPOSAL SIGNS – Complete this section for all proposed development.

REQUIRED

Applicants are required to post notice on the land subject to the application, one sign per each road frontage and no more than 25' from the street right-of-way. Signs must be clearly visible from the street.

Sign Picked Up: _____

Signature: _____

Sign Returned: _____

Signature: _____

Completed Application Submitted On: _____

Received By: _____

Date of Board of Adjustment Hearing: _____

Receipt Number: _____

Date Public Hearing Notice Published: _____

Name of Newspaper: _____

Additional Comments: _____

SIGNATURES AND ACKNOWLEDGEMENT**REQUIRED**

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Furthermore, the above-referenced hereby authorizes the Zoning Administrator or designated representative to enter the above-referenced property for the purpose of inspecting and verifying compliance. The permit is subject to revocation if false information is provided.

Signature of Applicant

*Date***OFFICE USE ONLY**

☐ Approved ☐ Denied: _____

Action of Board of Adjustment: _____

Action of Board of Commissioners: _____