

Appendix M

Application Packet for Conditional Use Permits

Deadlines for January - December 2017		
Application Deadline (12 noon)	Technical Review Committee Meeting	Board of Adjustment Meeting
November 21, 2016	December 6, 2016	January 11, 2017
December 19, 2016	January 3, 2017	February 8, 2017
January 23, 2017	February 7, 2017	March 8, 2017
February 20, 2017	March 7, 2017	April 12, 2017
March 20, 2017	April 4, 2017	May 10, 2017
April 17, 2017	May 2, 2017	June 14, 2017
May 22, 2017	June 6, 2017	July 12, 2017
June 19, 2017	July 5, 2017*	August 9, 2017
July 17, 2017	August 1, 2017	September 13, 2017
August 21, 2017	September 5, 2017	October 11, 2017
September 18, 2017	October 3, 2017	November 8, 2017
October 23, 2017	November 7, 2017	December 13, 2017
November 20, 2017	December 5, 2017	January 10, 2018
December 18, 2017	January 2, 2018	February 14, 2018

* Denotes a shift to accommodate holidays

Conditional Use Permit Minor Changes may be submitted to the Planning Department at any time.

Fee Schedule

Conditional Use Permits:	\$800.00 ¹
Conditional Use Permit Modification Requiring Public Hearing:	\$ 500.00
Conditional Use Permit Modification NOT Requiring Public Hearing:	\$300.00

¹Plus \$10.00 per each acre for sites larger than 10 acres (example: 12 acre site plan = \$920.00 fee)

Submittal Requirement Checklist for Conditional Use Permits

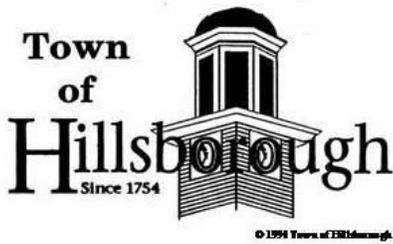
- Completed application form
- Completed site plan (see site plan requirements in **Appendix D**)
- A copy of the deed.
- List of hazardous materials stored, produced, or discharged.
- Traffic impact statement showing pre and post level of service for public street intersections within 500 feet of any site driveway. This requirement may be expanded for sites with high traffic volumes or located within congested areas. This requirement may be waived for additions or buildings totaling 1,000 square feet or less. Projects requiring a traffic impact statement will be reviewed by the traffic engineer of the town's choice. The applicant shall reimburse the town for the cost of the statement in lieu of submitting a statement by a consultant of their choice as part of the application. An applicant always has the option to submit a traffic impact statement by the consultant of their choice in addition.
- Copies of all state permits or reviews required for operation that can be secured in advance of opening

- Reviews by Other Agencies – submit confirmation of approval or their comments.
 - Town Engineer
 - Water & Sewer Service
 - Orange County
 - Stormwater Control & Grading Plan
 - Soil & Erosion Control Plan
 - Land Disturbance Permit
 - Fire Chief/Marshal
 - Fire Code compliance
 - ability to protect
 - Public Works
 - NCDOT
 - Driveway Permit
 - Off-site Road improvements
 - Thoroughfare Plan compliance

Fee

Submittal Requirement Checklist for Conditional Use Permit Minor Changes

- Complete application form
- An amended to-scale site plan exhibiting the proposed changes.
- A written statement outlining in detail the changes proposed,
- To-scale building elevations exhibiting any proposed building façade changes.
- Fee



**APPLICATION FOR
Conditional Use Permit**

Planning Department
101 E. Orange Street / P.O. Box 429
Hillsborough, NC 27278

Phone: (919) 732-1270, Ext. 73, Fax: (919) 644-2390

Website: www.ci.hillsborough.nc.us

Project Title: _____

Address: _____ **PIN #:** _____

Property Owner Name: _____

Mailing Address: _____ **Phone:** _____

City, State, Zip: _____ **E-mail:** _____

Applicant Name: _____

Mailing Address: _____ **Phone:** _____

City, State, Zip: _____ **E-mail:** _____

Surveyor/Engineer: _____

Mailing Address: _____ **Phone:** _____

City, State, Zip: _____ **E-mail:** _____

Zoning: _____

Adjacent Zoning: _____

Acreage: _____

Phases: _____

Existing Structures:

Proposed Structures:

Critical Areas: Flood Zone Stream Buffer Watershed Interstate Buffer Historic District

Water Service: Public Water Well **Sewer Service:** Public Sewer Septic Tank

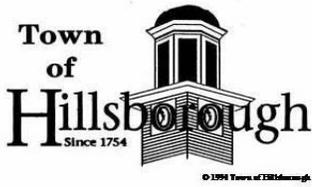
Parking- Required: _____ **Existing:** _____ **Proposed:** _____

I/We certify that all of the information presented by me/us in this application is accurate to the best of my/our knowledge, information, and belief.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER.

Applicant's signature **date**

Property Owner's signature **date**



Owner's Authorization for Agent

Planning Department
101 E. Orange Street / P.O. Box 429
Hillsborough, NC 27278
Phone: (919) 732-1270, Ext. 73, Fax: (919) 644-2390
Website: www.ci.hillsborough.nc.us

This form must accompany any applications going before the Board of Adjustment.

EACH AND EVERY OWNER SHOWN ON THE PROPERTY OWNER'S DEED MUST SIGN THIS AUTHORIZATION FORM

I/WE _____ hereby authorize
(print name of property owner/s)

_____ to represent me/us in processing an application for a
(print name of agent)

_____ on our behalf. In authorizing the agent to represent me/us, I/we, as
(print type of application)

owner/owners, attest that the application is (i) made in good faith; (ii) that all information contained in the application is accurate and complete; (iii) that the agent is authorized to accept any and all conditions that may be placed on the approval; and (iv) that I/we as the property owner are bound by any decision of the Board, including any and all conditions attached to Board approvals.

(Signature of Owner)

(Signature of Owner)

(Print Name of Owner)

(Print Name of Owner)

NORTH CAROLINA _____ COUNTY

Sworn to and subscribed before me on this ____ day of _____, 20__ by

(name of person making statement)

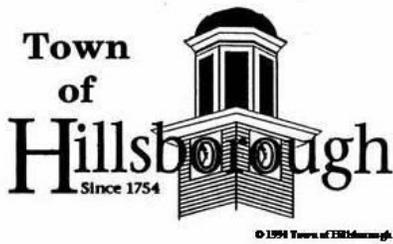
Signature of Notary Public

(SEAL)

Print Commissioned Name of Notary Public

My Commission expires: _____

The individual(s) making the above statement is _____ personally known or _____ identification was produced.



APPLICATION FOR Special Use or Conditional Use Permit Modification

Planning Department
101 E. Orange Street / P.O. Box 429
Hillsborough, NC 27278

Phone: (919) 732-1270, Ext. 86, Fax: (919) 644-2390

Website: www.ci.hillsborough.nc.us

Project Title: _____ Permit Type: SUP CUP

Address: _____ PIN #: _____

Applicant Name: _____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ E-mail: _____

Property Owner Name: _____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ E-mail: _____

Minor Change Requested: In the space provided below, or on a separate sheet of paper, explain the details of the proposed change(s) requested. Be as specific as possible. Also, attach a site plan indicating all proposed changes.

I, the applicant, hereby certify that the forgoing application is complete and accurate. I understand that I am bound to comply at all times with the rules and regulations of the issued Special or Conditional Use Permit issued for the property identified in this application, as well as all applicable requirements of the Town of Hillsborough Zoning Ordinance. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT.**

Applicant's signature date

Property Owner's signature date

DEPARTMENT USE ONLY	Date Received: _____	SUP/CUP #: _____
Fee: \$ _____ .00	Receipt #: _____	Staff: _____