# Conditional Use Permit Application

810 S Anderson Blvd. Topsail Beach, NC 28445 Telephone: (910)328-5194 Email: smoore@topsailbeachnc.gov

#### Section A: Applicant Information

Name of Applicant/Petitioner:	
Mailing Address of Applicant:	
Phone Number/Email of Applicant:	

### Property Owner Information (If different from the applicant)

Name:		
Address:		
City:	State:	_Zip:
Telephone:	Fax:	
Email:		

#### Section B: Property Information

The following information is required to provide the necessary information to process the Special Use Permit request:

Address of Requested Site:	
Pender Co. Property ID# (PIN):	
Proposes Conditional Use:	
Current Zoning Districts (S):	
Total Site Acres/Square Feet:	

**Required Items:** 

- Ownership documentation and deeds
- Authorization for Agency if applicant is not owner
- Boundary/Topo/Physical Conditions Survey (dated within sixty (60) days of application
- Adjacent Property Owners' Map and List
- Conditional Use Site Plan
- Project Narrative

## AUTHORITY FOR THE APPOINTMENT OF AGENT

The undersigned owner(s), \_\_\_\_\_\_\_, do(es) hereby authorize \_\_\_\_\_\_\_\_as his, her, or its' exclusive agent for the purpose of petitioning the Town of Topsail Beach for approval of a Conditional Use Permit, as applicable to the property described in the attached petition.

The owner does hereby covenant and agree with the Town of Topsail Beach that said agent has the authority to do the fallowing acts on behalf of the owner:

- (1) To submit a proper petition and the required supplemental materials
- (2) To appear at public meetings to give representation and commitments on behalf of the owner

This agency agreement shall continue in effect until disposition of the petition submitted in conjunction with this appointment.

Date:			
Agent's Name	:		
Agent's Addre	255:		
	City	State	Zip Code

Signature of Owner(s)