

# Special Use Permit Application

Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | [planning@rolesvillenc.gov](mailto:planning@rolesvillenc.gov)

Planning Department Home Page: [Official Town Webpage](#)

PROJECT INFORMATION:	
Site Address:	Site Area (in acres):
Zoning District:	Zoning Overlay(s):
PIN(s):	Associated Previous Case Number(s):
PID(s):	
Current Use(s):	Proposed Use(s):

APPLICATION REQUIREMENTS Application shall include the following documents by the submittal deadline to be considered complete and ready for review:	
<input type="checkbox"/> Completed application.	<input type="checkbox"/> If there are conditions for the permit, those should be noted on a <b>separate</b> document and included in the submittal.
<input type="checkbox"/> Note: You will be invoiced for the application fee during the completeness check or after the application review.	<input type="checkbox"/> Traffic Impact Analysis or a Letter/Email from Planning staff confirming one is not required. (LDO Section 8.C).
<input type="checkbox"/> Completed Property Owner's Consent Form. Each owner will need their form.	<input type="checkbox"/> Pre-submittal meeting notes and date (if applicable).
<input type="checkbox"/> A development (concept) plan illustrating the proposed development	<input type="checkbox"/> Additional supporting documents may be requested by the Case Planner or provided by the applicant.

Financially Responsible Party (who receives and will pay invoices for the actual cost of consultant review fees?)	
Name:	Mailing Address:
City:	State/Zip:
Email:	Phone:

## Property Owner(s) Information

**Property Owner** \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Applicant (Business & Contact Name)** \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Engineer/Architect (Business & Contact Name)** \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Registered Agent/Attorney (Business & Contact Name)** \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Point of Contact:** ☐ Owner ☐ Applicant ☐ Engineer/Architect ☐ Registered Agent/Attorney

## Applicant Statement

Justify each statement. **Provide answers on a separate sheet.**

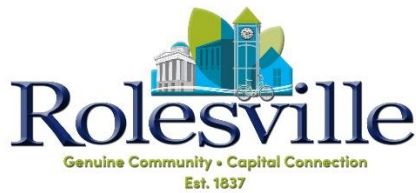
1. Is the proposed special use in general conformance with the comprehensive plan and other relevant town plans? Please explain.
2. Please demonstrate what measures will be taken to provide ingress, egress, minimize traffic hazards, and minimize traffic congestion on the public roads.

3. Is the proposed use dangerous or offensive by reason of vibration, noise, odor, dust, smoke, or gas? Please explain.
4. Will the establishment of this proposed special use inhibit the orderly development of adjacent and surrounding property for uses permitted within this particular zoning district? Please explain.
5. Can the applicant confirm that the proposed special use will not endanger the public health, safety, or general welfare? Please explain.
6. Does the proposed use comply with all applicable provisions of the LDO? Please explain.

## Property Owner Information

Please provide a list of all property owners abutting the subject site as these individuals are required to be notified during the Evidentiary Quasi-judicial hearing process, per General Statute 160D-406(b). If needed, provide additional sheets to insure all are included.

[illegible]



**Town of Rolesville Planning Department  
Property Owner Consent & Authorization Form  
planning@rolesvillenc.gov**

***Consent is required from the property owner(s) or legal representative. Unless otherwise specified, consent is valid for one year from the date of application.***

**Please provide a separate form for each parcel number.** For properties with multiple owners, an individual form must be completed for each owner. (A husband and wife may both sign and submit one form.)

**Project/ Subdivision Name:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_  
**Parcel ID:** \_\_\_\_\_ **Deed Reference:** \_\_\_\_\_

**Financially Responsible Party \*This field is required.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(type or print clearly)  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ **Applicant**   ☐ **Owner**   ☐ **P.O.A.**   ☐ **Agent**   ☐ **Legal Representative**  
***Check all that apply.***

1). Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(type or print clearly)  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
2). Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(type or print clearly) (spouse if applicable)  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing the above, I swear and affirm that I am the owner(s) or authorized representative as shown in the records of Wake County, North Carolina, which is the subject of this application. I further affirm that I am fully aware of the Town's application, fees, and procedural requirements, and I consent to this Application. I authorize the person(s) listed below to submit this Application and serve as the representative and point of contact for this Application.***