



Special Use Permit

City of Southport, North Carolina

1029 N. Howe St, Southport NC 28461
www.southportnc.org

Planning & Inspections
Phone 910-457-7961 Fax 910-457-7957

For Staff Use Only

PERMIT No. _____ FEE: \$ _____ Date Received: _____

Applicant's Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

Property Owner's Name: _____

Address of Owner: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

Address of the property: _____ City: _____

State: _____ Zip Code: _____ Zoning District of Property: _____

Overall Acreage: _____ Minimum Area Requirement for Zoning District: _____

Special Use Permit Request: _____

Zoning of Adjacent Lots: _____

Design Professional: _____ **License #:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Per Section 2.7.A of the UDO, special use permits may be issued by the UDO Administrator, after approval by the Board of Adjustment. The petition for a special use permit and accompanying plans shall be submitted to the UDO Administrator.

Application Materials and Submittal:

1. One (1) digital copy and 12 hard copies of the special use permit site plan shall be submitted with all such applications.
2. The special use permit site plan shall be prepared by and sealed by a licensed land surveyor, landscape architect, or engineer registered to practice in the state of North Carolina, and shall include all of the required information as provided in Appendix A: Submission Requirements.

Signature (Owner or Authorized Applicant)

Date

APPROVED:

UDO Administrator

Date