

**TOWN OF VALDESE
APPLICATION FOR SPECIAL USE PERMIT**

DATE SUBMITTED: _____

I (We), the undersigned, do hereby make application to the Valdese Town Council for approval of a **special use permit**.

1. The property address of the property to be considered for review is located on _____.

REID NO. (S): _____

Deed Book: _____; Page: _____

Physical (Street) Address: _____

2. The property is owned by: (please print) _____

(Attach a copy of the most recent deed, contract for purchase or other legal interest demonstrating an interest in the property.)

Owner Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

3. The application is submitted by: _____

(If the application is submitted by someone other than the owner proper authorization from the property owner is required.)

Agent Information:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____ Email: _____

4. The subject property is located in the _____ Zoning District.

5. The purpose of the Special Use Permit: _____

Applicant Signature _____

Date _____

This Application must be submitted to the Planning Department by 5:00 p.m. on the last regular working day of the month preceding the meeting at which it is to be considered by the Planning Board. Only complete applications will be accepted.