

Conditional Use Permit Application

Town of Topsail Beach
820 S Anderson Blvd.
Topsail Beach, NC 28445
Telephone: (910)328-5194 Email: lvescovi@topsailbeach.org

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 following 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 Address: _____

City	State	Zip Code
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Agent's Phone: _____

Signature of Owner(s)