

405 County Complex Rd.
Clinton NC 28328
Inspection: 910-592-0146
Planning: 910-631-1039
Fax: 910-596-0773



Hours of Operation:
Mon-Thurs. 7AM-5:30PM

Sampson County Inspection and Planning Department

Myron L. Cashwell
Inspection and Planning Director

SPECIAL USE PERMIT APPLICATION

There are certain land uses in Sampson County that have been identified as uses that could potentially have a significant impact on their respective zoning district they are located in, as well as surrounding properties. These types of uses outlined in the Sampson County Zoning Ordinance are permitted through the issuance of a Special Use Permit which is issued by the Sampson County Planning Board. Sampson County Planning & Zoning is required by law to provide notice to property owners who have a parcel of land that abuts the parcel that is the subject of the hearing.

Complete applications are due by 5:30 PM on the submittal date **(PLEASE SEE THE ATTACHED SUBMITTAL SCHEDULE)**. The application fee is \$300. Special Use Permits for Solar Farms, Cell Tower require a \$500 application fee. In order for Sampson County Planning & Zoning to accept a Special Use Application, the following items are required.

- Complete Special Use Permit Application Form **(ALL QUESTIONS MUST BE ANSWERED)**
- 18X24 copy of a detailed site plan (see Site Plan Requirements)
- An electronic copy of the site plan emailed to planning@sampsonnc.com
- A value opinion report from a licensed appraiser

The Planning Board shall consider the application and comments at the public hearing and may grant or deny the Special Use Permit. In conducting the public hearing and considering the application, the Planning Board shall follow quasi-judicial procedures. A simple majority vote of the Planning Board is required to grant or deny a Special Use Permit. The Planning Board must vote “Yes” to all four findings to grant the Special Use Permit. **The Planning Board does have the ability to place conditions beyond what the Zoning Ordinance requires.**

The Planning Board must have a majority vote of “Yes” on the following four findings.

1. That the use will not materially endanger the public health or safety, if located according to the plan submitted and approved.
2. That the use meets all required conditions and specifications.
3. That the use will not substantially injure the value of adjoining or abutting property, or the use is a public necessity, and;
4. That the location and character of the use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and in general conformity with the Sampson County Land Use Plan.

DATE SUBMITTED: _____

SUBJECT PROPERTY INFORMATION

PROJECT NAME: _____

ADDRESS: _____

TOWN: _____

PARCEL #: _____ DEED BOOK & PAGE # _____

ZONING DISTRICT: _____

PROPOSED USE: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

If the applicant is not the property owner, a written signed statement from the property owner must be included giving consent for the proposed Special Use

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SURVEYOR/ENGINEER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SITE PLAN REQUIREMENTS

Based on the nature of the application, all these requirements listed may not be applicable.

1. Zone lot with dimensions.
2. Adjoining properties, property owners and uses.
3. Existing structures.
4. Proposed structure(s) with size.
5. Proposed use.
6. Number of employees, if applicable.
7. Hours of operation, if applicable.
8. Off-street parking, loading, and unloading, access to existing streets.
9. Easements and Rights-of-ways.
10. Floodplains or statement not in flood plain.
11. Wetlands and other areas of environmental concern, or statement that none exist.
12. Name, location and dimension of any proposed streets, drainage facilities, parking areas, required yards, required turnarounds as applicable.
13. Proposed phasing, if applicable.
14. In areas not served by public wastewater facilities, documentation showing that each lot can reasonably support a septic system and repair area or, in the alternative, the location of any shared outlying drain fields/wastewater systems.
15. Location of access and utility easements to be reserved and dedicated in support of any adjoining properties that do not possess a public right of way to a public street.

QUESTIONS

The applicant must answer all statements with **complete sentence responses**. In **complete sentence** format please explain how your proposed Special Use meets the following standards. “Yes” or “No” answers **WILL NOT BE ACCEPTED**. If the statements do not have **adequate explanation in complete sentences** the application will be considered incomplete and returned to the applicant.

- 1.) The use will not materially endanger the public health or safety, if located according to the plan as submitted and approved.

- 2.) The use meets all required conditions and specifications of the Sampson County Zoning Ordinance.

- 3.) The use will not substantially injure the value of adjoining or abutting property or is a public necessity.

4.) The location and character of the use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and in general conformity with the Sampson County Land Use Plan.

SIGNATURE

I, _____ the undersigned applicant, do hereby certify that to the best of my knowledge and belief all information supplied in and with the application is true and accurate. I also agree to adhere to any additional conditions placed on this Special Use Permit if approved by the Sampson County Planning Board.

APPLICANT SIGNATURE: _____

DATE: _____