



TOWN OF MARSHALL

180 South Main Street • PO Box 548 • Marshall, NC 28753 • Phone (828) 649-3031 • Fax (828) 649-3413

Special Use Permit Application-Please fill out completely, or application will not be processed. (updated 7-14-21)

Date Received:	Received By:	Receipt #:	Case #:
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1. Project Information

Date of Application _____ Name of Project _____

Location _____ Property Size (acres) _____ # of Units (residential) _____

Zoning _____

Current Land Use _____ Proposed Land Use _____

Tax Parcel Number(s) _____

2. Contact Information

Developer _____

Developer Address _____ City, State Zip _____

Telephone _____ Fax _____

Signature _____ Print Name _____ Date _____

Agent (Registered Engineer, Designer, Surveyor, etc.) _____

Address _____

City, State Zip _____

Telephone _____ Fax _____

Signature _____ Print Name _____ Date _____

Property Owner _____

Address _____

City, State Zip _____

Telephone _____ Fax _____

Signature _____ Print Name _____ Date _____

3. Description of Project

Briefly explain the nature of this request.

4. Findings-of-Fact

Please describe how the proposed project meets each of the following findings that the Board of Adjustment will review.

- a. If completed as proposed, the development will comply with all of the requirements of the UDO.

- b. The use will not materially endanger the public health or safety.

- c. The use will not substantially injure the value of adjoining or abutting property.

- d. The use will be in harmony with the area in which it is to be located.

- e. The use will be in general conformity with the Comprehensive Land Use Plan, thoroughfare plan, or other plan officially adopted by the Town.

5. Site Plan-Submit with this application a Site Plan that meets the development plan requirements of Section 12.6, as applicable.