

**Bladen County Planning Department**

Greg Elkins, Director

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**CONDITIONAL USE PERMIT APPLICATION  
ZONING**

DATE: \_\_\_\_\_

CASE: CU \_\_\_\_\_

To the Bladen County Zoning Officer:

I, the undersigned, so hereby make application to and petition the Zoning Officer to grant a conditional use permit as required in the **Bladen County Zoning Ordinance**. In support of this application, the following information is provided:

The property involved in the conditional use permit request is located on the \_\_\_\_\_ side of \_\_\_\_\_.  
(Street Name)

The address is \_\_\_\_\_ and it is identified as PIN number: \_\_\_\_\_, Block number: \_\_\_\_\_ of Bladen County Tax Map: \_\_\_\_\_. It has a frontage width of \_\_\_\_\_ feet and contains \_\_\_\_\_ acres.

The conditional use sought is based on section(s) \_\_\_\_\_ of the Bladen County Zoning Ordinance. The property in question is located in a \_\_\_\_\_ zoning district and is proposed for the following use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that all information furnished in this application is accurate to the best of my knowledge.**

PETITIONER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*PROPERTY OWNER'S SIGNATURE IS REQUIRED BEFORE APPLICATION IS ACCEPTED\****

**NOTE:** *If the request is made by a corporation, the names and address of all officers in the corporation must be provided. The applicant or his representative is expected to attend all meetings to answer questions concerning the request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Planning Board and/or Board of Commissioners.*

**Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_**

**Zoning Officer Signature: \_\_\_\_\_ Date \_\_\_\_\_**

This permit shall be valid for one (1) year from the date approved.

*FOR OFFICE USE ONLY:*

\$50 fee paid \_\_\_\_\_ (date)

Original in file C: Applicant \_\_\_\_\_ Inspections Dept. \_\_\_\_\_ Health Dept. \_\_\_\_\_