



# Town of Boiling Springs

PO Box 1014 | Boiling Springs, NC 28017  
Phone 704-434-2357 | Fax 704-434-2358  
[www.BoilingSpringsNC.net](http://www.BoilingSpringsNC.net)

## CONDITIONAL USE PERMIT APPLICATION

### GENERAL INFORMATION

This form is used to request a Conditional Use Permit within the Town of Boiling Springs. A consultation with planning and zoning staff is recommended prior to submitting this form.

- \$350 fee required to process Conditional Use Permit Applications
- Signatures required on Page 2
- Conditional Use Permits are considered by the Board of Adjustment
- Town will give official Public Notice and hold a Public Hearing
- Additional information required:
  - One (1) copy of the legal description attached to the application.
  - Two (2) copies of a site plan and/or survey, whichever is required, no larger than 24" by 36" and drawn to scale, sealed by a registered engineer, architect, landscape architect, or surveyor licensed to practice in the State of North Carolina that shows the following:
    - All property lines with dimensions.
    - Distances of lot from the nearest intersection (if required by the Zoning Administrator).
    - Existing location(s) of building(s) on lot.
    - Adjoining street(s) with right-of-way and pavement widths.
    - Zoning classification of all adjoining properties including properties on the opposite side of any street, railroad, road, or highway from the subject property.
  - One (1) copy of all adjoining property owner information (name, address, and tax parcel identification number), as shown on the current records of the Cleveland County Tax Assessor's Office, within one hundred feet (100') of any portion of the subject property.
  - One (1) copy or PDF version, at 8.5" x 11", of the site plan and/or survey, adjoining property owner information, and any additional information submitted for the review process.

SUBJECT PROPERTY		
Physical Address:		
Land Area:	Parcel No:	PIN:
Tax Map:	Blk:	Lot:
Deed Book:	Page:	

PROPERTY OWNER	
Property Owner(s):	
Owner Mailing Address:	
Owner Telephone:	Owner Email:

APPLICANT	
Applicant Name:	
Applicant Mailing Address:	
Applicant Telephone:	Applicant Email:
Applicant Relation to Property: <input type="checkbox"/> Owner <input type="checkbox"/> Developer <input type="checkbox"/> Legal Representative of Owner <input type="checkbox"/> Other	

**CONDITIONAL USE PERMIT REQUESTED**

**Current Zoning Classification:** \_\_\_\_\_

**Current Classification on Future Land Use Map:** \_\_\_\_\_

**DESCRIPTION OF THE PROPOSED USE / DEVELOPMENT:**

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**FINDINGS INFORMATION (FOR YOUR KNOWLEDGE)**

Conditional Use Permit approval require the Board of Adjustment to make certain findings of fact relative to the proposal (listed below). It shall be the responsibility of the applicant to ensure that the proposed use / development meets these findings. Additional information supporting the Conditional Use Application shall be the responsibility of the petitioner.

- The use will not materially endanger the public health or safety, AND
- The use will not substantially injure the value of adjoining or abutting property, AND
- The use will be in harmony with the area in which it is to be located, AND
- The use will be in general conformity with the Future Land Use Plan and any other plans officially adopted by Town Council.

**OWNER / APPLICANT SIGNATURES**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*Applications not submitted by or on behalf of the property owner require owner notification in accordance with State Law.