

# CHECKLIST FOR CONDITIONAL DISTRICT PERMIT APPLICATION

Town of Fletcher Planning and Zoning

## Conditional District Permit Application

- Completed application and Owner's Affidavit, if applicable.
- Legal description and PINS for subject property; i.e., copy of deed.
- Filing fee of \$350.00.
- Area map illustrating subject property and surrounding zoning (staff will assist applicants in preparing this map if necessary).
- Master Site Plans; 3 copies of full set and one copy of 11" x 17" site plan.
- I acknowledge that all property owners abutting the proposed project will be notified of the request and provided information of the hearing dates.
- I acknowledge the rezoning and project approval shall not be granted except after the recommendation of the Planning Board and decision by the Town Council following the public hearings.
- I acknowledge and grant consent to Town of Fletcher officials to visit the proposed site for the purpose of investigating this application.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Town of Fletcher

Planning and Zoning

300 Old Cane Creek Road, NC 28732

(828) 687-3985

Fax (828)687-7133

**Conditional District  
Application Number** \_\_\_\_\_

Name of Project: \_\_\_\_\_

Address/Location of Property: \_\_\_\_\_

PIN# \_\_\_\_\_ PID# \_\_\_\_\_

Type of Development:  
 Residential       Commercial       Other

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

List requested/proposed uses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Acreage \_\_\_\_\_ Proposed Building Sq. Ft. \_\_\_\_\_ Dwelling Units \_\_\_\_\_

\_\_\_\_\_  
**Name of Agent**

\_\_\_\_\_  
**Name of Petitioner(s)**

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Property Owner if other than Petitioner

\_\_\_\_\_  
Signature

**If an AGENT** is filing the petition, you must have a signed Owner's Affidavit attached to the petition.  
If you have any questions about filling out this application, please contact the Planning and Zoning Department at (828) 687-3985.

Received by \_\_\_\_\_ Date \_\_\_\_\_

**Owner's Affidavit**

I (we) the undersigned do hereby give permission to (agent's name or organization)

\_\_\_\_\_ to file petition (application) for property(s)

located at \_\_\_\_\_ with

PIN (or PID)# \_\_\_\_\_ on this affidavit for the purpose of requesting a

Special Use Permit or Conditional District Rezoning from the Town Council of the Town of

Fletcher, NC. I further understand that my signature is consent to all conditions and/or

stipulations that may be imposed or adopted by such Town Council as part of the petition

approval.

1. Owner's Name (Please Print) \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Owner's Name (Please Print) \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Owner's Name (Please Print) \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Owner's Name (Please Print) \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's (Contact) Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_