



TOWN OF FOUR OAKS

304 N. MAIN ST. PO BOX 610 FOUR OAKS NC 27524

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APPLICATION FOR SPECIAL USE

DATE: _____ FEE: \$ 200.00 RECEIPT#: _____

PLANNING BOARD MEETING: _____ BOARD OF COMMISSIONERS MEETING: _____

***** APPLICATION NEEDS TO BE SUBMITTED BY THE 1ST DAY OF THE MONTH IN ORDER FOR IT TO GO BEFORE THE PLANNING BOARD THE FOLLOWING MONTH. IF AN APPLICATION IS CANCELLED BY THE APPLICANT, RE-APPLICATION FEES MAY APPLY *****

PETITIONER- NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

PROPERTY OWNER- NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

ADDRESS OF PROPERTY FOR CONSIDERATION: _____

ACREAGE: _____ PARCEL#: _____ ASSESSED ACREAGE: _____

REASON FOR REQUEST:

PETITIONER PRINTED NAME: _____
SIGNATURE: _____ DATE: _____

OWNER PRINTED NAME: _____
SIGNATURE: _____ DATE: _____

***** PLEASE ATTACH ANY INFORMATION NEEDED FOR YOUR REQUEST WITH SITE PLANS AND A PRELIMINARY CONSTRUCTION DRAWING.*****