



LEWISVILLE PLANNING DEPARTMENT

6510 Shallowford Road | P.O. Box 547
Lewisville, NC 27023-0547
Voice 336-945-5558 | FAX 336-945-5531

SPECIAL USE PERMIT APPLICATION

Application Date _____
Property Address _____
Tax PIN(s) _____
Existing Zoning _____
UDO Section(s) _____
Acreage _____
Utilities (circle) Public / Well Sewer / Septic

REQUEST _____

Attach Site Plan Separately

Owner(s) _____

Mailing Address _____

Telephone _____ email _____

Applicant(s) (if different) _____

Mailing Address _____

Telephone _____ email _____

Owner Signature

Applicant Signature

Staff Signature

File# _____

Fee Paid _____



LEWISVILLE PLANNING DEPARTMENT

6510 Shallowford Road | P.O. Box 547
Lewisville, NC 27023-0547
Voice 336-945-5558 | FAX 336-945-5531

In the following spaces, in your own words, please describe the facts that demonstrate to the Zoning Board of Adjustment that this application meets all the necessary findings for a Special Use Permit.

1. The use or development is located, designed, and proposed to be operated so as to maintain or promote public health, safety and general welfare.

2. The use or development conforms with all standards and specifications of the Lewisville Unified Development Ordinance (UDO) and with all other applicable regulations.

3. The use or development will not substantially injure the value of adjoining or abutting property, or that the use is a public necessity.

4. The use or development will be compatible with the area in which it is to be located and that it will follow the intents, principles and goals of the *Lewisville Tomorrow Comprehensive Plan*.

File# _____

Fee Paid _____