



**TOWN OF BENSON**  
 Planning and Zoning Department  
 303 E. Church St.  
 Benson, NC 27504  
 919-894-3553

**INSTRUCTIONS FOR FILING A SPECIAL USE APPLICATION**

**In order to process the petition/application the following items must be submitted BEFORE 4:30 PM on the submittal date outlined on the schedule below.**

SUBMITTAL DATE BY 4:30 PM	PLANNING BOARD MEETING DATE	BOARD OF COMMISSIONERS MEETING DATE
Friday, December 8, 2023	Tuesday, January 2, 2024	Tuesday, January 9, 2024
Friday, January 5, 2024	Tuesday, February 6, 2024	Tuesday, February 13, 2024
Friday, February 9, 2024	Tuesday, March 5, 2024	Tuesday, March 12, 2024
Friday, March 8, 2024	Tuesday, April 2, 2024	Tuesday, April 9, 2024
Friday, April 5, 2024	Tuesday, May 7, 2024	Tuesday, May 14, 2024
Friday, May 10, 2024	Tuesday, June 4, 2024	Tuesday, June 11, 2024
Friday, June 7, 2024	Tuesday, July 2, 2024	Tuesday, July 9, 2024
Friday, July 5, 2019	Tuesday, August 6, 2024	Tuesday, August 13, 2024
Friday, August 9, 2024	Tuesday, September 3, 2024	Tuesday, September 10, 2024
Friday, September 6, 2024	Tuesday, October 1, 2024	Tuesday, October 8, 2024
Friday, October 4, 2019	Tuesday, November 5, 2024	Tuesday, November 12, 2024
Friday, November 8, 2024	Tuesday, December 3, 2024	Tuesday, December 10, 2024

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

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

**Applicant Name:** \_\_\_\_\_

***The following checklist to be completed by applicant:***

- Pre-Application Meeting on: \_\_\_\_\_
- Completed Application
- Owner’s Consent Form
- Application Fee
- Adjacent Property Owner’s List
- Neighborhood Meeting Notice letter
- Site Plan (separate application required for major site plans, must be submitted concurrently)
- Wastewater and Well permits from Johnston County Environmental Health Department

The application must be signed by the landowner(s) or by an authorized agent. If signed by an authorized agent, the landowner must sign and have notarized the section of the application that grants the agent authority to act on the owner’s behalf.

**Reviewed by:** \_\_\_\_\_

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



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**SPECIAL USE PERMIT APPLICATION**

THE FILING FEE SHALL BE IN ACCORDANCE WITH THE SCHEDULE OF FEES

**SITE INFORMATION**

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

Acreage of Property: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

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

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Owner Name: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

**EXPLANATION OF PROJECT**

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

**OFFICE USE ONLY**

Date Received:	Amount Paid:
Received By:	File Number:

**REQUIRED FINDINGS OF FACT  
STATEMENT OF JUSTIFICATION FOR SPECIFIC USES**

*Each of the following "findings of fact" must be adequately addressed concerning the proposed Special Use Petition (attach additional sheets if necessary):*

1. Explain how the use/development will not materially endanger the public health or safety if located where proposed, and developed according to the plans as submitted and approved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Explain how the development meets all required specifications and conforms to the standards and practices of sound land use planning and the Town Code of Ordinances or other applicable regulations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Explain how the use/development will not substantially injure the value of adjoining or abutting property, and will not be detrimental to the use or development of adjacent properties or other neighborhood uses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Explain how the use/development will not adversely affect the adopted plans and policies of the Town, or violate the character of existing standards for development of the adjacent properties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF APPLICANT AND/OR PROPERTY OWNER**

I certify on this date \_\_\_\_\_ that all of these "FINDINGS OF FACT" are accurate to the best of my knowledge, information and belief. Furthermore, I understand that, should this petition/application be approved, I must record a SPECIAL USE PERMIT with the Register of Deeds and operate the use as permitted by the Town of Benson. I authorize the Town of Benson to place a sign on the property in question, for alerting the public of my request. I hereby grant the Town of Benson and any interested government agencies access to my property during reasonable hours.

\_\_\_\_\_  
OWNER(S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLIANT(S) SIGNATURE

\_\_\_\_\_  
DATE

## STATEMENT OF UNDERSTANDING

*The following information must be reviewed when submitting an application for Special Use Permit or an application for Special Use Permit Modification. By signing the "Owner Consent Form" on page 5 the owner/applicant certifies the clear understanding of the following items:*

1. I understand that if approved, I must meet all the conditions of the Special Use Permit or the permit shall become void; and all related activities must discontinue until all corrective actions have been completed, or a new Special Use Permit is approved by the Board of Commissioners.
2. I have discussed this application with the Planning Staff and have provided truthful and accurate information within this application.
3. I understand that, if requesting partial tract zoning or when necessary, I must provide a survey representing the boundaries of the zoning lot and other necessary content for approval.
4. I have met the requirements of the Town of Benson Unified Development Ordinance by providing a site plan illustrating the location, size and major design elements for the development of this site and held a neighborhood meeting with adjacent property owners.
5. I understand that if approved, I must submit a detailed site plan for review and approval.
6. I am aware that if approved, I will be required to meet the landscaping, buffering, and fencing requirements of the Unified Development Ordinance; and the requirements and roadway improvements as required by NCDOT.
7. If approved, I understand I must obtain a Building Permit from the Planning Department based on the approved site plan.
8. I understand that I will be notified in writing of the Board of Commissioner's decision.
9. I am aware that if the Commissioner's deny the request, that no application can be accepted for the same use affecting the same property for a period of twelve (12) months.
10. I am aware that the right to appeal to Superior Court must be exercised within thirty (30) days of the Board of Commissioner's decision date.
11. I am aware that if the use, construction, or activity authorized by the Board of Commissioner's approval of an application for a Special Use Permit or Modification of Special Use Permit is not started within twelve (12) months of the date of approval, or within such further time stipulated in the approval, the approval shall expire and permit issued pursuant to the approval shall be void.



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**OWNER CONSENT FORM**

*Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. All fields must be completed.*

**Project Name:** \_\_\_\_\_ **Address or PIN #:** \_\_\_\_\_

**AGENT/APPLICANT INFORMATION:**

\_\_\_\_\_  
(Name – type, print clearly) (Address)  
\_\_\_\_\_  
(City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes *(list applicable requests)*.

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

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

**OWNER AUTHORIZATION:**

\_\_\_\_\_  
(Name – type, print clearly) (Address)  
\_\_\_\_\_  
(Owner’s Signature) (City, State, Zip)

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn and subscribed before me \_\_\_\_\_, a Notary Public for the above State and County, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires:** \_\_\_\_\_