

**ROCKINGHAM COUNTY  
SPECIAL USE PERMIT APPLICATION**

- CHECKLIST: Before this application can be accepted for processing, the following must be done**
- A. Complete the application in full and sign. (If not landowner, the landowner must also sign).**
  - B. Enclose sketch as required in application. The sketch must be to scale and no larger than 8-1/2" x 11"**
  - C. Please contact the Zoning Administrator (564-3032) for appointment to review the completed application.**
- If application is not complete, it will not be accepted.**

**FOR OFFICE USE ONLY**

FEE: \_\_\_\_\_ DEADLINE DATE: \_\_\_\_\_  
RECEIPT # \_\_\_\_\_ HEARING DATE: \_\_\_\_\_  
DATE REC \_\_\_\_\_  
TAXES PAID \_\_\_\_\_ SUP # \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
Indicate  owner  purchaser  other

CONTACT PERSON \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

USE APPLIED FOR: \_\_\_\_\_

LOCATION: (N S E W) side of (Road Name) \_\_\_\_\_, Route # \_\_\_\_\_ approximately \_\_\_\_\_ miles/feet  
(N S E W) of (Road Name) \_\_\_\_\_ Route # \_\_\_\_\_ in Election District # \_\_\_\_\_.

ACREAGE IN PARCEL: \_\_\_\_\_ ZONING: \_\_\_\_\_ TAX MAP NO: \_\_\_\_\_

ACREAGE IN REQUEST: \_\_\_\_\_

SIZE AND HEIGHT OF EXISTING OR PROPOSED BUILDING: \_\_\_\_\_  
\_\_\_\_\_

**FURNISH ON 8 1/2" X 11 PAPER, ONE (1) COPY OF A DRAWING SHOWING:**

- (1) Size and shape of parcel of land where use or building is to be located.
- (2) Location of use of proposed and/or existing buildings---distance from public highways, from adjoining property.
- (3) Size and shape of proposed and/or existing buildings.
- (4) Access to and from property.
- (5) Relation to street and highway intersections.
- (6) Any planned screening or landscaping.
- (7) Number and location of off-street parking spaces.
- (8) Specify proposed use of area (if not contained in building).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Landowner's Signature  
(if different from applicant)

