



## Planning & Zoning Application

CASE NO. \_\_\_\_\_

P&Z Fee: \_\_\_\_\_

SELECT ZONING APPLICATION TYPE:

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

Receipt #: \_\_\_\_\_

Zoning Change

Specific Use Permit

Planned Development

PROPOSED USE OF PROPERTY: \_\_\_\_\_

EXISTING USE OF PROPERTY: \_\_\_\_\_

ZONING INFORMATION: From Existing \_\_\_\_\_ District to Proposed \_\_\_\_\_ District

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

Legal Description: (Abstract) \_\_\_\_\_ (Tract) \_\_\_\_\_ (Block) \_\_\_\_\_ (Lot) \_\_\_\_\_

(Survey) \_\_\_\_\_ (Addition) \_\_\_\_\_

IF PROPERTY IS NOT PLATTED, PLEASE PROVIDE METES AND BOUNDS DESCRIPTION.

COMPLIANCE OF PROPOSED PROJECT TO THE CITY OF WATAUGA COMPREHENSIVE USE PLAN: If Yes then skip to next section of application if No then provide answers to the questions below:

- Will the proposed change enhance the site and the surrounding area? Yes No
- Is the necessary infrastructure already in place? Yes No (if not, explain in narrative)
- Is the proposed change a better use than that is recommended by Future Land Use Plan/Map? Yes No (if yes, explain in narrative)
- Will the proposed use impact adjacent residential areas in a negative manner or may it enhance it? Yes No
- Are uses adjacent to proposed use similar in nature in terms of appearance, hours of operation, and other general aspects of compatibility? Yes No
- Does the proposed use present a significant benefit to public health, safety and welfare of community? Yes No

OWNER INFORMATION: NAME: \_\_\_\_\_  
(Please Print)

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

For additional owners, please include additional copies of this page. The property owner may sign the application or submit a notarized letter of authorization.



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**REPRESENTATIVE/AGENT INFORMATION:** NAME: \_\_\_\_\_  
(Please Print)

BUSINESS NAME (if applicable): \_\_\_\_\_  
(Title)

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**\*I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or the duly authorized agent.**

**\*Submittal of false information or omission as required by this application may result in any permit, license, or approval being revoked.**

**\*Signatures certify that all information provided is true and correct.**

**\*Application will be considered filed when project is set on an appropriate agenda.**

\_\_\_\_\_  
 Owner Name (Print) Date Owner Signature

\_\_\_\_\_  
 Agent Name (Print) Date Agent Signature

### APPLICATION SUBMITTAL REQUIREMENTS

- Ten (10) folded copies of 24"x36" of a Site Plan (Technical requirements provided on separate sheet), Landscaping Plan, Elevations in color and one digital (PDF) copy of zoning exhibit.
- The following items are required with all types of applications:
- Planning and Zoning Application form.
- Application fee of \$600 – Zoning Change; \$600 – Planned Development; \$600 – Specific Use Permit, plus costs incurred by the City for postage, mailing, copying and other related expenses. This is non-refundable.
- One 11"x17" copy of subdivision plat (if the property is platted).
- One digital (PDF) copy of subdivision plat (if property is platted).
- If request is for (i) a portion of a platted lot, or (ii) an un-platted lot, surveyed site boundary dimensions (metes and bounds) and gross acreage determined by licensed surveyor must be provided electronically in Microsoft Word format and in paper copy.
- Additional information may be requested by the Development Review Team if deemed essential for review and consideration by Planning and Zoning Commission and City Council.
- Written narrative explaining in detail the proposal.

**OFFICE USE ONLY: CASE APPROVED BY:**

PLANNING & ZONING COMMISSION: \_\_\_\_\_ Yes \_\_\_\_\_ No DATE: \_\_\_\_\_

CITY COUNCIL: \_\_\_\_\_ Yes \_\_\_\_\_ No DATE: \_\_\_\_\_

ADDITIONAL P&Z FEE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ DATE: \_\_\_\_\_