

Applicant or Agent

Town of Aberdeen

Planning Department Phone: (910)944-7024 Fax: (910)944-7459

| For office use only: |
|----------------------|
| Application No |
| Date Received: |
| Amount Received: |
| |

Date

Application for Site Plan Review

Prior to the issuance of a Zoning Compliance Permit, Special Use Permit, Conditional Use Permit, or Building Permit for any use and prior to the approval of any Conditional Zoning District, a site specific development plan must be submitted to the department for review. All site plans associated with Building Permits shall be drawn by a registered engineer, architect or surveyor and be sealed by the same.

All applications must be accompanied by the appropriate Site Plan Review Checklist.

| Applicant: | | | |
|---|------------------------------|--|--|
| •• | | Email: | |
| Applicant's Address | | | |
| Project Address: | | | |
| SUMMARY INFORMATIO | <u>ON:</u> | | |
| Project Title: | | | |
| Zoning: | LRK#(s) | | |
| In-Town:E | ГЈ: Floodpla | ainWatershed | |
| Site Acreage: | Total Acreage of Land | Disturbance: | |
| (Disturbance of 1 acre or more, ro Department of Environment and | | sion and Sedimentation Control Plan from North Carolin | |
| Existing Structures: | Total Gross Floor Area: | | |
| Proposed Structures: | | Total Gross Floor Area: | |
| Parking (Required): | Existing: | Proposed: | |
| NOTE: DEADLINE FOR S APPLICABLE MEETING 1 | | ANS IS ONE MONTH PRIOR TO THE G BOARD. | |
| By signing below, I certify tl knowledge. | nat all statements furnished | in this applcation are true to the best of my | |