



TOWN OF  
**HILLSBOROUGH**

**GENERAL APPLICATION**  
**Special Use Permit, Variance or Appeal**  
**Board of Adjustment Hearing**

Planning and Economic Development Division  
101 E. Orange St., PO Box 429, Hillsborough, NC 27278  
919-296-9475 | Fax: 919-644-2390  
www.hillsboroughnc.gov

**This application is for a special use permit (including modifications), variance or appeal.**  
**Incomplete applications will not be accepted or processed.**

<b>OFFICIAL USE ONLY</b>		
<b>Case Number:</b>	<b>Fee: \$</b>	<b>Receipt No.:</b>
<b>FLUM Designation:</b>	<b>Zoning District:</b>	<b>Overlay Zone:</b>

<b>Permit or Relief Requested:</b>
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<b>PROJECT LOCATION AND DESCRIPTION</b>	
Project Name:	Project Type:
Property Address/Location:	
PIN(s):	Size of Property (Acres/Sq. Ft.):
Current Use of Property:	Proposed Use of Property:
Use Class <i>(from UDO Sections 5.1.7 and 5.1.8)</i> :	
Number Existing Buildings to Remain:	Number Proposed Buildings:
Gross Floor Area Existing Buildings:	Gross Floor Area Proposed Buildings:
Number Lots Proposed:	Number Dwelling Units Proposed:
Brief Summary of Request <i>(use separate sheet if necessary)</i> :	

<b>CERTIFICATION AND SIGNATURES</b>	
<b>Applications will not be accepted without signature of legal property owner or official agent.</b>	
I certify that the information presented by me in this application and all accompanying documents are true and accurate to the best of my knowledge, information, and belief; and I acknowledge that the processing of this application may require additional town, county and/or state permits, approvals and associated fees.	
<b>Applicant:</b>	<b>Legal Property Owner:</b>
Mailing Address:	Mailing Address:
City, State, ZIP Code:	City, State, ZIP Code:
Telephone:	Telephone:
Email:	Email:
<b>Signature:</b>	<b>Signature:</b>
Date:	Date:
<b>Legal Relationship of Applicant to Property Owner:</b>	