



Zoning Use Permit Application – Cemetery

(Plot Plan Required)

Street # _____ N,S,E,W _____ Street Name _____ AV, RD, ST, etc. _____ Suite _____

Project/Subdivision Name: _____ Phase: _____ Section: _____

Article 9.7 Cemeteries

1. Tombstones, crypts, monuments and mausoleums must be located at least 25 feet from any street right-of-way line or abutting property.
2. Buildings for maintenance, management, rent and /or sale of cemetery lots must conform to a building type permitted in the zoning district.

Current Property Use(s):	<hr/> <hr/> <hr/> <hr/>
Description of Proposed Use(s):	<hr/> <hr/> <hr/> <hr/>

Applicant

Printed Name _____ Phone _____

Corporation Limited Liability Company Trust Partnership Other: _____

By signature below, I hereby acknowledge, as/on behalf of (circle one) the applicant the use will comply with all regulations of Article 9.7 as related to the above use as indicated within the Town of Huntersville Zoning Ordinance.

Signature _____ Date _____

Title _____ Email _____

Address of Applicant _____

Property Owner (if different than applicant)

Printed Name _____ Phone _____

Corporation Limited Liability Company Trust Partnership Other: _____

By signature below, I hereby acknowledge, as/on behalf of (circle one) the applicant the use will comply with all regulations of Article 9.7 as related to the above use as indicated within the Town of Huntersville Zoning Ordinance.

Signature _____ Date _____

Title _____ Email _____

Address of Property Owner _____

* Property owner hereby grants permission to the Town of Huntersville personnel to enter the subject property for any purpose required in processing this application.

If signed by an agent on behalf of the Owner, this application MUST be accompanied by a notarized Limited Power of Attorney signed by the property owner (s), specifically authorizing the agent to act on the owner (s) behalf in signing this application. Failure of each owner, or their duly authorized agent, to sign, or failure to include the authority of the agent signed by the property owner, will result in an INVALID APPLICATION. **If additional space is needed for signatures, attach the Town of Huntersville Signature Addendum Form.**

For Planning Department Use Only

Parcel ID: _____ Zoning: _____ Huntersville Mecklenburg

Minimum Setbacks: Front _____ Left Side _____ Right Side _____ Rear _____ Corner Lot

Lot#: _____ Map#: _____ Page#: _____ Req'd Parking#: _____ Screening _____

Mecklenburg County Health Department Approval _____ Plot Plan _____ Zoning Inspection _____

Permit Conditions

Approved By	Date Approved