



Zoning Use Permit
Application – Essential
Services 1 & 2
(Plot Plan Required)

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

Project/Subdivision Name: Phase: Section:

Article 9.14 Essential Services 1 and 2

- 1. Utility distribution lines, which deliver service to the end user from a substation fed by a transmission line providing service to an area larger than the individual parcel or project area, should be installed underground, unless subsurface conditions make underground installation not possible or practical.
2. Facilities used for the operation of essential services should, whenever possible, be located on interior properties rather than on properties aligned with other lots that have continuous street frontage.
3. Buildings and other structures which cannot adhere to the scale, volume, spacing, setback and typology of existing buildings along fronting streets shall be provided an opaque screen to shield the view from all public rights-of-way and from abutting properties.

Current Property Use(s):
Description of Proposed Use(s):

Applicant

Printed Name Phone

Corporation Limited Liability Company Trust Partnership Other:

By signature below, I hereby acknowledge, as/on behalf of (circle one) of the applicant the proposed use will comply with Article 9.14 and all applicable regulations of the Town of Huntersville Zoning and Code of Ordinances related to the use as indicated by Planning Department Staff.

Signature

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) of the property owner the proposed use will comply with Article 9.14 and all applicable regulations of the Town of Huntersville Zoning and Code of Ordinances related to the use as indicated by Planning Department Staff.

Signature _____

Title _____ Email _____

Address of Applicant _____

* 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