

**APPLICATION FOR CONDITIONAL USE
PERMIT WITHIN THE TOWN OF GRIFTON
PLANNING JURISDICTION**

Applicant's Name _____

**Applicant's Current
Address** _____

Applicant's Telephone Number _____

**IF YOU ARE NOT THE OWNER OF THE PROPERTY PLEASE LIST THE
OWNER INFORMATION BELOW**

Owner's Name _____

**Owner's Current
Address** _____

Owner's Telephone Number _____

Location of Property in Which A Conditional Use Permit is Requested

Pitt or Lenoir County Parcel Number _____

Zoning Classification of Property _____

**Describe in explicit detail what your intentions are (attach additional sheet if
necessary):**

Signature of Applicant

Date of Request

Please attach the Names and Addresses of all Adjacent Property Owners