

**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**