

**SPECIAL USE PERMIT**  
**TOWN OF BOGUE**  
**121 CHIMNEY BRANCH ROAD**  
**BOGUE, NC 28570**

**OFFICE: 252.393.3055 FAX: 252.764.0845 EMAIL: boguetown@outlook.com**

Tax Parcel ID Number \_\_\_\_\_

Business Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Property Owner (if not applicant) \_\_\_\_\_

Site  
Address \_\_\_\_\_

Type of Request \_\_\_\_\_ Date \_\_\_\_\_

Or

Proposed Project Description (Must submit a site plan with this application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Zoning \_\_\_\_\_

Hours of Event (If applicable) \_\_\_\_\_

Proximity to Residential Housing \_\_\_\_\_

**Applicant attests that under the pains and penalties of perjury, they are in compliance with all local and state ordinances, rules and regulations.**

Signature of  
applicant \_\_\_\_\_ Date \_\_\_\_\_

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**TOWN OF BOGUE:**

Approved by \_\_\_\_\_

Date \_\_\_\_\_ Time Limit (If applicable) \_\_\_\_\_

- **Special Use Permits are subject to review at any time by the Town Council.**