



Town of Oriental
Application for Special Use
Permit- Fee \$350.00

Date Received: 9/30/16

Fee Paid: \$350.00

check #1233

APPLICANT: Cynthia + Roy Gallinger

ADDRESS: 270 Discovery Place, Sylva NC 28779

PHONE: ~~828-631-1939~~ CELL: _____

FAX: _____

EMAIL: treefolk@dn.net

PROPERTY OWNER: Cynthia + Roy Gallinger

ADDRESS: 409 High St. Oriental, NC 28571

PHONE: ~~828-631-1939~~ CELL: _____

FAX: _____

EMAIL: treefolk@dn.net

PROJECT CONTACT PERSON: Cynthia Gallinger

ADDRESS: _____

PHONE: 828-631-1939 CELL: _____

FAX: _____

EMAIL: treefolk@dn.net

PHYSICAL LOCATION: 409 High St. Oriental

GMO ZONE OF THE PROPERTY: R-2

INTENDED USE OF PROPERTY: vacation home, short term rental

PREVIOUS USE OF PROPERTY: same

DOES THIS PROJECT INVOLVE A CHANGE IN USE? YES ___ NO X

IF YES, DESCRIBE HERE: _____

DOES THIS PROPERTY INVOLVE A COMBINATION OF USES? YES X NO ___

IF YES, DESCRIBE HERE: vacation home, short term rental

HAS THIS LOT BEEN REPLATTED IN LAST 12 MONTHS? YES ___ NO X IF YES, WHEN? _____

SQUARE FOOTAGE OF STRUCTURE: 675 SQUARE FOOTAGE USED FOR

BUSINESS: 675 NUMBER OF PARKING SPACES REQUIRED: 2 WILL

OFFSITE PARKING BE UTILIZED? YES ___ NO X IF YES, WHERE AND NUMBER OF SPACES? _____

WILL SIGNS BE ERECTED OR MODIFIED? NO If yes, please complete a sign permit application.

DOES THIS USE COMPLY WITH

COVENANTS/HOA

RESTRICTIONS? yes

ATTACHMENT(S): Change of Use Form Sign Permit Site Plan or Survey
Parking Landscape Plan Other: _____

I certify that all of the above information and that contained in the attachments hereto is true and accurate to the best of my knowledge and that all work will comply with state and local codes, laws and ordinances. The Town of Oriental will be notified of any modifications to the approved plans prior to the change being done. I understand that any place modifications may require a new application in compliance with the Town of Oriental. Grown Management Ordinance, and failure to report such changes may result in permit revocation. I certify that I am the property owner or that I am authorized to act on the property owner's behalf.

Cynthia Gallinger
Applicant Signature

9/26/16
Date Signed