

Tab 2



Town of Oriental Application for
Special Use

NONREFUNDABLE Permit- Fee \$500.00

Date Received: 6/25 Fee Paid: 500.00

APPLICANT: Tim Eckloff / Janice Eckloff
ADDRESS: _____ Road New Bern NC 28560
PHONE: _____ CELL: _____ FAX: _____ EMAIL: _____

PROPERTY OWNER: Tim Eckloff / Janice Eckloff
ADDRESS: E _____ Road / New Bern NC 28560
PHONE: _____ CELL: _____ FAX: _____ EMAIL: _____

PROJECT CONTACT PERSON: Tim or Janice Eckloff
ADDRESS: 546 Scott Town Rd New Bern 28560
PHONE: _____ CELL: same FAX: _____ EMAIL: _____

PHYSICAL LOCATION: 503 Mildred Street Oriental
GMO ZONE OF THE PROPERTY: _____

INTENDED USE OF PROPERTY: short-term rental

PREVIOUS USE OF PROPERTY: mother was living there full-time

DOES THIS PROJECT INVOLVE A CHANGE IN USE? YES _____ NO _____
IF YES, DESCRIBE HERE: short-term rental

DOES THIS PROPERTY INVOLVE A COMBINATION OF USES? YES _____ NO X
IF YES, DESCRIBE HERE: _____

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

NO. PARKING SPACES AVAILABLE: _____
SQUARE FOOTAGE OF STRUCTURE: 1600 SQUARE FOOTAGE USED FOR BUSINESS: _____
NUMBER OF PARKING SPACES REQUIRED: _____ 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? _____ (attach copy)
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.

Tim Eckloff
Applicant Signature

6-21-24
Date Signed

Janice Eckloff

Janice
Tim



Town of Oriental Application for
Special Use

NONREFUNDABLE Permit- Fee \$500.00

Date Received: _____ Fee Paid: _____

APPLICANT: Kenneth C. Rasmussen, Vicki D. Rasmussen

ADDRESS: 306 Mildred Street

PHONE: _____ CELL: _____ FAX: _____ EMAIL: ken@...

PROPERTY OWNER: Kenneth and Vicki Rasmussen

ADDRESS: 306 Mildred St

PHONE: _____ CELL: _____ FAX: _____ EMAIL: vicki@...

PROJECT CONTACT PERSON: Kenneth (Butch) Rasmussen or Vicki Rasmussen

ADDRESS: Same

PHONE: _____ CELL: _____ FAX: _____ EMAIL: _____

PHYSICAL LOCATION: 306 Mildred Street

GMO ZONE OF THE PROPERTY: R2

INTENDED USE OF PROPERTY: Primary residence / tourist home

PREVIOUS USE OF PROPERTY: Primary residence

DOES THIS PROJECT INVOLVE A CHANGE IN USE? YES NO

IF YES, DESCRIBE HERE: Primary residence to primary residence / tourist home

DOES THIS PROPERTY INVOLVE A COMBINATION OF USES? YES NO

IF YES, DESCRIBE HERE: Primary residence / tourist home

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

NO. PARKING SPACES AVAILABLE: 6

SQUARE FOOTAGE OF STRUCTURE: 1280 SQUARE FOOTAGE USED FOR BUSINESS: 1280 NUMBER OF PARKING SPACES REQUIRED: 4 WILL OFFSITE PARKING BE UTILIZED? YES _____ NO 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 (attach copy)

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

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.

Kenneth C Rasmussen
Applicant Signature

Vicki D Rasmussen

June 10, 2024
Date Signed