

SPECIAL PERMITTED USE APPLICATION

Please provide clear and concise information as requested by typing or printing in ink. If additional space is needed, number and attach additional pages. An application will not be accepted unless signed and accompanied by payment of proper fees. All information provided herein becomes public record upon submittal.

1. APPLICANT: NAME: _____
(Last) (First) (M.I.)

ADDRESS: _____
(Street & No.) (City) (State) (Zip Code)

TELEPHONE: _____
(Home) (Daytime)

2. APPLICANT'S INTEREST IN PROPERTY: _____

3. OWNER: NAME: _____
(Last) (First) (M.I.)

ADDRESS: _____
(Street & No.) (City) (State) (Zip Code)

TELEPHONE: _____
(Home) (Daytime)

4. ADDRESS OF PROPERTY: _____

5. LEGAL DESCRIPTION OF PROPERTY: _____

6. SPECIAL USE REQUESTED (Specify use and Ordinance Section Number): _____

7. PRESENT ZONING CLASSIFICATION: _____

8. PRESENT USE OF PROPERTY: _____

9. PRESENT USE OF ADJACENT PROPERTY:

East _____ North _____

West _____ South _____

10. Name and Address of All Other Parties Having a Legal or Equitable Interest in the Property:

11. Three (3) copies of a Site Plan must be submitted with this application. Site Plan instructions are attached.

The undersigned affirms that they accept the responsibility of this application and that information herewith submitted is true and correct to the best of their knowledge.

Witness (es)

Applicant

Date

Witness (es)

Owner (s), if Different from Applicant

Date

Date of Notice: _____

P. C. Action: _____

Letters: _____

Date: _____

Publication: _____

Effective Date: _____

Hearing: _____

Applicant Notified: _____