

APPLICATION FOR SPECIAL USE PERMIT

1. Applicant's name _____
2. Applicant's address _____
3. Applicant's phone number _____
4. Legal description of property _____

5. Present zoning classification _____
6. Present use of property _____
7. Desired use/change of property _____
8. Is the duration of proposed use temporary or permanent? _____
9. Will the required yards and other open spaces be observed with the permit? _____
10. Is the proposed special use permit compatible with adjacent properties? _____
11. Explanation of request _____

12. Must include a drawing or site plan of proposed use.

I, the undersigned owner/applicant of the subject property, certify that the above statements are true and correct to the best of my knowledge and belief.

OWNER/APPLICANT'S SIGNATURE: _____ DATE: _____

For Office Use Only

PERMIT# _____ PERMIT APPROVED _____ NOT APPROVED _____

Mayor

Date

ATTEST: _____
Zoning Administrator

Date