

SPECIAL USE PERMIT REQUEST

NAME _____ DATE _____

ADDRESS _____ PHONE _____

PROPERTY DESCRIPTION

STREET ADDRESS _____

LEGAL DESCRIPTION

EXISTING ZONE _____

PROPOSED USE

IS ZONING COMPATIBLE WITH USE? _____

ATTACHED TO AND HEREBY MADE A PART OF THIS REQUEST IS ATTACHED AN ABTRACTOR'S CERTIFICATE, GIVING THE NAMES AND MAILING ADDRESSES TO ALL PROPERTY OWNERS INSIDE THE AREA ABOVE DESCRIBED AND ADJACENT TO THE AREA ABOVE DESCRIBED.

Signature of Applicant

Date

SITE PLAN REQUIREMENTS

Scale should be no smaller than 1" equals 50'. Provide at least four (4) copies showing the following information: (1) type and size of structure; (2) floor areas of office or industrial buildings; (3) buffers, landscaping; (4) parking facilities; (5) utilities plans such as sewer, water, power, storm sewer, etc; (6) lighting facilities; (7) signing; (8) certified surveyor's certificate if required by Zoning Administrator

Date Received by the Zoning Administrator _____

Date Forwarded to the Plan and Zone Commission _____

Date of Report from the Plan and Zoning Commission to the Board of Adjustment _____

Date of Public Hearing by the Board of Adjustment _____

Action of Board of Adjustment _____