

SPECIAL USE PERMIT

1) APPLICANT _____ PHONE (____) _____
ADDRESS _____

APPLICANT'S INTEREST IN PROPERTY (OWNER, TENANT, OTHER)

NAME OF AGENT (if any) _____ PHONE (____) _____
ADDRESS _____

2) PROPERTY ADDRESS _____

3) LEGAL DESCRIPTION _____

4) PRESENT ZONING _____

5) SPECIAL USE REQUESTED _____

6) APPLICATION IS MADE IN ACCORDANCE WITH ZONING REGULATIONS SECTIONS

7) ADJACENT ZONING AND LAND USE:

LAND USE	ZONING
NORTH _____	_____
SOUTH _____	_____
EAST _____	_____
WEST _____	_____

The owner/applicant/agent hereby declares that all information above is true to the best of his/her knowledge, that all conditions and standards set out in the Zoning Regulations pertaining to this use have been met or have been proposed to be met and that along with this application sketch maps, drawings or survey and the appropriate filing fee have been submitted. (Applicant or his legal representative must be present at the hearing or the matter will be tabled.)

DISCLAIMER: THIS PERMIT WAS REVIEWED AND CONSIDERED BASED UPON THE INFORMATION PRESENTED AT THE TIME OF THE HEARING. IF ANY OF THE INFORMATION PRESENTED FOR CONSIDERATION IN DETERMINING THE GRANTING OF THIS PERMIT IS INCORRECT OR FALSE, THIS PERMIT BECOMES NULL AND VOID.

APPLICANT

Signature

Date

AUTHORIZED AGENT

Signature

Date

-----FOR OFFICIAL USE ONLY-----

Case No: _____
Date Received: _____
Fee Paid: _____
Received by: _____

DATE ADVERTISED FOR HEARING: _____

PUBLIC HEARING DATE: _____

ACTION BY BOARD OF ZONING APPEALS: _____

APPEALED TO DISTRICT COURT: _____ DATE: _____

DECISION OF DISTRICT COURT: _____ DATE: _____