

SPECIAL LAND USES - APPLICATION

Applicant's Name _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

Property Owner _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

Property Address _____ Tax Parcel # _____

Current Zoning District _____ Property size _____ Acres OR _____ Sq. feet

Description of proposed Special Use _____

Have preliminary site plan application and plans been submitted _____ Yes _____ No

DEADLINE FOR SUBMITTAL: A request for a Special Land Use Permit must be submitted, along with a Site Plan and the required application forms and fees for both, at least ~~28~~²¹ days prior to the next regularly scheduled Planning Commission meeting.

I certify that the information given herein is true and correct to the best of my knowledge:

Signature of Applicant _____ Date: _____

Zoning Administrator Use Only:
Fee Amount Paid _____ Consultant Retainer Paid _____ Date _____
Comments _____

Public Hearing Scheduled for _____ Planning Commission Meeting date

Date Approved _____ Denied _____ Approved with Conditions _____

Signature of Zoning Administrator _____ Date _____

SPECIAL LAND USES - FILE CHECKLIST