



SPECIAL USE PERMIT APPLICATION

PROPERTY OWNER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

OWNER REPRESENTATIVE:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

DESCRIPTION OF PROPERTY:

Existing Zoning Classification: _____ Acreage: _____

Parcel #: _____ Legal Description: _____

SPECIAL USE PERMIT PURPOSE:

The Special Use Permit is being requested for the purpose of (describe in detail)

By signing below I certify that the information contained in this application is true and correct to the best of my knowledge and belief at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is complete. I further understand that an incomplete application submittal may cause my application to be deferred.

Property Owner

Applicant, if different from Property Owner

Date



..... FOR STAFF USE

- | | |
|--|--|
| <input type="checkbox"/> Adjacent Property Owners (300') | <input type="checkbox"/> PC Public Hearing Date |
| <input type="checkbox"/> Completed Applications | <input type="checkbox"/> Notice of PC Hearing Date |
| <input type="checkbox"/> Fees Paid | <input type="checkbox"/> Property on Private Road |
| <input type="checkbox"/> Survey of Property | <input type="checkbox"/> Signs |
| | <input type="checkbox"/> Parking/Docks |

..... OFFICE USE ONLY

File #: _____ Date Received: _____ Approval: _____ Denied: _____

If denied, Reason for denial: _____

Special Requirements of Approval: _____

Signature of Planning Commission Chair: _____

Signature of Administrator: _____ Date: _____