

SPECIAL USE PERMIT APPLICATION

FILE NUMBER: _____

DATE: _____

(PLEASE TYPE OR PRINT PLAINLY IN INK)

1. APPLICANT/OWNER: _____

2. MAILING ADDRESS: _____

3. TELEPHONE NUMBER/s: _____

4. ADDRESS OF SUBJECT PROPERTY: _____

(STREET AND NUMBER)

5. ZONING DISTRICT: _____

6. A SPECIAL USE PERMIT AS REQUIRED BY ZONING ORDINANCE SECTION _____, PARAGRAPH _____ AND SUBJECT THE REVIEW STANDARDS OF SECTION 1400 IS HEREBY REQUESTED FOR THE ACTIVITY DESCRIBED BELOW:

****NOTE: PLEASE ATTACH A SITE PLAN TO THIS APPLICATION. THE APPLICATION CAN NOT BE PROPERLY CONSIDERED UNLESS THIS INFORMATION IS PROVIDED.**

APPLICATION FEE IS \$50.00

(APPLICANT'S SIGNATURE)