Application for Special Use Permit

(Must Be Submitted At Least Four (4) Weeks Prior To Meeting)

Completed Application must include all fees, a site plan application along with 10 full size copies and 1 reduced copy of site plan.

\$350.00 Fee

Applicant:	licant:Date:			
Address:				
Telephone: ()		Fax: ()	Fax: ()	
Applicants Signatur	e:			
Owner (If different	than applicant):			
Address:		Telephone ()	Fax ()	
Owner's Signature_				
Subject Property Ac	ddress:			
	Provide the legal descriptions apports and the separate sheet to this apports.	on of the property affected - if a lication):	dditional space is needed	
Proposed Use(s):				
For Office Use Only:	Date Filed	Amount P	Paid:	
	Case #	Hearing D	ate:	
	Current Zonina:	Parcel ID	No.:	