

ZONING APPLICATION FOR A SPECIAL USE PERMIT

The undersigned hereby applies for a Special Use Permit to be issued solely on the basis of information contained herein and with the knowledge that the falsification of any fact or statement submitted with, or within, this application shall render this application null and void. (PERMIT SHALL EXPIRE IF IT HAS NOT BEGUN WITHIN SIX (6) MONTHS, OR IF DISCONTINUED FOR MORE THAN TWO (2) YEARS.)

1. Applicant _____ Phone # _____
2. Applicant address _____
3. E-mail _____ Interest in property _____
4. Location or address of property to be affected _____
5. Legal description _____

6. Present Zoning classification _____ Existing _____
7. Proposed Special Use _____

8. In order for a Special Use Permit to be processed the applicant must provide a narrative statement evaluating the effect of elements such as noise, flare, odor, fumes and vibrations on adjoining property; and discussion of the general compatibility with adjacent and other properties in the district; and the relationship of the proposed use to the Zoning District Map.

9. The Planning Commission shall establish beyond a reasonable doubt that both the general standards and the specific requirements pertinent to each special use indicated herein shall be satisfied by the establishment and operation of the proposed special use.
10. Wherever no specific area, frontage and setback requirements are specified in provision for specific special uses, then the area, frontage and setback requirements in the applicable zone shall apply; provided, that the Planning Commission shall be authorized to waive or modify certain requirements as necessary to achieve compatible development with adjacent land areas as well as in the interest of the community in general. The Planning Commission may also impose such additional conditions, guarantees, and safeguards as it deems necessary for the general welfare, for the protection of individual property rights, and for insuring that the intent and objectives of this Ordinance will be observed.
11. Has a previous application been filed for a Special Use Permit? _____
12. When? _____ Results? _____
- _____
- _____

Signature of Applicant

Application Date

----- DO NOT WRITE BELOW THIS LINE * FOR OFFICE USE ONLY -----

Reviewed by _____ Date _____

Approved/Denied Planning Commission _____ Approval/Denial date _____

Fee (non-refundable) _____ Receipt # _____ Check # _____ Date _____