



Application for **Special Use Permit**

Permit Number _____

Applicant Information

<input type="checkbox"/>	Current Land Owner/Applicant	<input type="checkbox"/>	Agent of Owner
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Land Owner Name: _____ Signature: _____

Applicant Name: _____ Signature: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Project Information

Proposed Project Name: _____

Location: _____

Existing Zoning: _____

Proposed SUP: _____

Subdivision/Survey Name: _____

Block/Abstract No.: _____ Lot/Tract No: _____

Acreage: _____ Number of lots created: _____

Application Approved by: _____ Date: _____

Application Explanation

Explain how it complements or is compatible with the surrounding uses and community facilities: _____

Does it contribute, enhance or promote the welfare of the area requested or adjacent properties: _____



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Explain how this is not detrimental to the public health, safety, or general welfare: _____

Does it conform in all other respects to all applicable zoning regulations and standards and is it in conformance with the Comprehensive Plan? _____

Requirements for Approval or Denial

1. Review by the Planning and Zoning Commission – the Planning & Zoning Commission shall hold a public hearing and recommend to the Council approval, approval with conditions, or denial of the Special Use Permit.
2. Review by the Council – the Council shall hold a public hearing and approval, approve with conditions, or deny the Special Use Permit.

NOTE: The Planning and Zoning Commission encourages you to meet with your neighbors prior to the public hearing.

For Office Use Only			
Review Fee:	Date:	Amount:	CK #:
Receipt #:	Received by:		
Application Fee:	Date:	Amount:	CK #:
Receipt #:	Received by:		