

*THIS APPLICATION SHALL BE  
FILED BY THE LEGAL  
OWNER OF THE PROPERTY*

**SPECIAL LAND USE APPLICATION**

**NOTICE TO APPLICANT:** Regular meetings of the Planning Commission are held the 4th Tuesday of each month at 7:00 P.M. at City Hall.

**SPECIAL LAND USE APPLICATION MUST BE FILED AT LEAST 30 DAYS BEFORE THE SCHEDULED MEETING DATE**

**TO THE PLANNING COMMISSION:**

I, (We), the undersigned, do hereby respectfully submit this application on \_\_\_\_\_, 20( ) and request of the Planning Commission consideration for special land use conditions. In support of this application the following facts are submitted:

1. **Property Address:** \_\_\_\_\_  
**Property Legal Description & Location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Parcel Property ID#:** \_\_\_\_\_  
**Zoning District:** \_\_\_\_\_  
**Lot Size:** \_\_\_\_\_ **Acres:** \_\_\_\_\_
  
2. **The property considered for Special Land Use is owned by:**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. **Detailed description of proposed business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Number of Employees:** \_\_\_\_\_  
**Business Hours:** \_\_\_\_\_  
**Number of Stations:** \_\_\_\_\_ (if applicable)  
**Number of Entryways to Business:** \_\_\_\_\_

**Parking accommodations and locations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. It is proposed that the following building(s) will be constructed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. We have attached a statement indicating why, in our opinion, the change requested is necessary for the preservation and enjoyment of substantial property rights, and why such change will not have a negative impact or be detrimental to the public welfare, nor the property of other persons located in the vicinity.**

**6. Attached is (1) print of the plot plan showing the lot or parcel in question, and the intended layout that are to be part of this petition and are drawn to scale.**

**Also, included is a rough floor plan of the proposed operation.**

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE OF APPLICANT(S):** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**TELEPHONE:** (    ) \_\_\_\_\_

**FAX #:** (    ) \_\_\_\_\_

**ACTION TAKEN BY THE PLANNING COMMISSION:**

1. Date of Planning Commission meeting: \_\_\_\_\_

2. Findings of Planning Commission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Recommended Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_