

SPECIAL EXCEPTION/USE APPLICATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: () _____



NATURE OF SPECIAL EXCEPTION/USE REQUEST (BRIEF DESCRIPTION)

PROPERTY OWNER & PROPERTY INFORMATION

PROPERTY OWNER NAME: _____
(IF DIFFERENT FROM APPLICANT)

MAILING ADDRESS: _____

EXACT LOCATION OF THE PROPERTY: _____

TAX MAP & PARCEL NUMBER: _____

CURRENT ZONING: R-1 R-2 R-3 RA RB POS C-1 C-2 CBD GB
RPUD M-1 M-2

CURRENT LAND USE: VACANT AGRICULTURAL RESIDENTIAL COMMERCIAL INDUSTRIAL

SIZE OF PROPERTY (ACRES/SQ.FT.): _____

SIZE OF PROPOSED SPECIAL EXCEPTION (ACRES/SQ.FT.): _____

IS ANY PORTION OF LOT IN FLOOD PLAIN OR FLOODWAY? YES NO

ADDITIONAL INFORMATION/ATTACHMENTS

- SIZE AND SHAPE OF LAND
- SIZE AND SHAPE OF BUILDING/STRUCTURE IN RESPECT TO PROPERTY LINES
- PARKING SPACE(S) SHOWN IN RESPECT TO PROPERTY LINES/BUILDINGS/STRUCTURES
- RIGHT-OF-WAY OF STREETS OR HIGHWAYS ADJOINING LAND
- ADJACENT AND ADJOINING PROPERTY OWNERS

APPLICANT CERTIFICATION

BY SIGNING BELOW, I/WE HEREBY APPLY FOR A REZONING REQUEST FOR THE PURPOSES OF THE SPECIAL EXCEPTION/USE AS DESCRIBED ON THIS APPLICATION AND I/WE CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

APPLICANT SIGNATURE _____
DATE

OWNER CERTIFICATION

BY SIGNING BELOW, I CERTIFY THAT I AM AWARE OF THIS SPECIAL EXCEPTION/USE APPLICATION AND I CONSENT TO THE REZONING REQUEST AS DESCRIBED ON THIS APPLICATION.

OWNER SIGNATURE _____
DATE

FOR COMMUNITY DEVELOPMENT OFFICE USE ONLY

FEE AMOUNT: _____ DATE RECEIVED: _____

CASH CHECK (CHECK No. _____)

DATE TO BE HEARD BY PLANNING COMMISSION: _____

DATE TO BE HEARD BY TOWN COUNCIL: _____

APPLICATION No.: _____

I HEREBY APPROVE THIS APPLICATION AS PRESENTED, NOTING THAT ALL REQUIRED INFORMATION IS ATTACHED ACCORDING TO THE SPECIFICATIONS OF THIS APPLICATION FOR REZONING.

ZONING ADMINISTRATOR SIGNATURE _____
DATE