

**APPLICATION FOR SPECIAL USE PERMIT
CITY OF MACOMB ILLINOIS
OFFICE OF COMMUNITY DEVELOPMENT**

\$100.00

1. APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____

2. PROPERTY OWNER (if other than above): _____ TELEPHONE: _____

ADDRESS: _____

3. ADDRESS OF PROPERTY AFFECTED: _____

4. LEGAL DESCRIPTION OF PROPERTY AFFECTED:

5. ZONING DISTRICT: _____

6. PRESENT OR FORMER TYPE OF LAND USE ON PROPERTY: _____

7. REQUESTED SPECIAL USE: _____

Note: Please describe what affect granting of the proposed special use permit would have on the overall character of surrounding properties, the neighborhood and the general vicinity. If you believe there will be little or no effect, please explain why. Address items such as effect on: surrounding land uses; potential nuisances; adequacy of public facilities; traffic flow; parking; ingress/egress; destruction of natural features; lot suitability; and storm water drainage. It may be helpful for you to attach a building or site plan to better supplement your description and to help justify the proposed special use. (For commercial developments of more than 10,000 sq. ft. and residential developments involving three units or more, a site plan will be required).

8. APPLICANT SIGNATURE: _____

DATE: _____

OWNER SIGNATURE (if other than above): _____

DATE: _____

Return Completed Form To: Office of Community Development City Hall 2nd Floor 232 E. Jackson St. Macomb IL 61455

If you have any questions on completing the form, please feel free to call our office (309) 833-49444