



**APPLICATION FOR SPECIAL  
USE PERMIT**  
**Fee: \$100**

1. APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS/P.I.N.: \_\_\_\_\_

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

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

3. ADDRESS OF PROPERTY AFFECTED: \_\_\_\_\_

4. LEGAL DESCRIPTION OF PROPERTY AFFECTED: (Please leave blank for office use if unknown)  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. APPLICANT SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

OWNER SIGNATURE (if other than above): \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*Please attach supporting documentation to help justify the proposed special use.** Any plans or other documents elaborating upon the application are helpful to the planning commissioners and will help facilitate the process. The more detailed the documentation, the smoother the process will be, as commissioners will have many of their questions already answered. (For commercial developments of more than 10,000 sq. ft. and residential developments involving three units or more, a site plan will be required).

**Please allow 60 days for the process, as these all will go in front of Planning Commission and City Council**

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

Before filling out this form, please contact the Community Development Coordinator at (309) 833-4944 or

[jbannon@cityofmacomb.com](mailto:jbannon@cityofmacomb.com).