



**Application for
Special Use**
Fee: \$100

Please allow 60 days for your request to process as it will be heard by both Planning Commission and City Council.

Name of Applicant: _____
Address of request: _____
Telephone of Applicant: _____
Email of Applicant: _____
Property Owner (if different than applicant): _____
Proof of Ownership (deed preferred) will need to be presented prior to Planning Commission meeting.

Reason for request: _____

Note: Please describe what effect granting of the special use permit would have on the overall character of the surrounding properties, neighborhood, and general vicinity. If you believe there will be little to no effect, please explain why. Address items such as surrounding land use, potential nuisances, adequacy of public facilities, traffic flow, parking, ingress/egress, destruction of natural features, lot suitability, and/or storm water drainage if applicable.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____

****Please attach supporting documentation to help justify the proposed special use request. For commercial developments of more than 10,000sq ft & residential developments involving three units or more, a site plan will be required.**

For office use only:
Zoning District: _____
Present/Former land use of property: _____