



SPECIAL USE APPLICATION

DATE: _____ Zoning District _____ Permit # _____

APPLICANT

Applicant _____ Phone _____ E-mail _____
Address _____ City _____ State _____ Zip _____

REASON FOR SPECIAL USE PERMIT

PROPERTY INFORMATION

Location _____
Legal Description _____

PIN # _____

ADJACENT PROPERTY OWNERS

NAME	ADDRESS

Do you request a report present at public hearing? _____

DOCUMENTS AND FEES ATTACHED

() Application Fee of \$ _____ () Filing Fee of \$ _____
() Drawing showing location of existing buildings and structures, proposed location of building or
Structure. Show all dimensions including distance from lot lines and setbacks

The Applicant(s), owner(s) of the above described tract of land, submit this application for approval, under the provisions of Appendix A-Zoning / Article XV. – Special Uses.

Dated This _____ day of _____ 20____.

Applicant Signature _____ Applicant Signature _____

Public Hearing Date _____ Publication of Public Hearing _____

Notification of Adjacent Property Owners _____ Zoning Board Recommendation _____

Mount Carmel City Council Action _____ Date _____