

APPLICATION FOR SPECIAL USE APPROVAL

Instructions to Applicant: This application and fee of \$340.00 must be submitted with 14 copies of folded plans. Account Number 101-1-617 (1019)

Applicant:

Name: _____ Phone: _____

Complete Address: _____

Property Owner: (If different than above)

Name: _____ Phone: _____

Complete Address: _____

Description of Property Under Review:

Street Address: _____

Zoning District: _____

Lot Number: _____

Subdivision: _____

Sidwell Number: _____

Description of Proposed Operation: _____

Signature of Applicant

Date

Office use only

Date Application was received _____ Fee _____ Receipt Number _____

Hearing Date _____ Case Number _____

City Council Disposition: _____