APPLICATION
FOR A
SPECIFIC USE PERMIT

APPLICANT: If a Corporation, give name & address of principal stockholder) ADDRESS ZIP CODE PHONE

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OPERATOR: Individual who will operate or manage the facility if different from applicant or owner. ADDRESS ZIP CODE PHONE

_____ With term Limits? Yes _____ No _____
(TYPE OF SPECIFIC USE DESIRED).

Street address and Legal Description of property on which Specific Use Permit is desired (Complete Lot and Block description; or, if not in a recorded plat, attach a Metes and Bounds Description.)

Present Zone: _____

Maximum Floor Area: _____

Maximum Seating Capacity/Occupancy: _____

Reason for request: _____

$200.00 FEE MUST ACCOMPANY ALL REQUESTS.