



Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Special Use Permit Application

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Information

Property Owner's Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Structure:  SFD  Multi  TH      Zoning District: \_\_ Code Section: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Number of employees working from site: \_\_\_\_\_

Number of vehicles: \_\_\_\_\_ Type: \_\_\_\_\_ GVH: \_\_\_\_\_

Number of parking spaces \_\_\_\_\_

set aside for this activity: \_\_\_\_\_

Total floor area of structure devoted to activity: \_\_\_\_\_ sq. ft.

Total floor area devoted to activity MUST be the main structure, NOT any accessory Building \_\_\_\_\_ (please initial you will comply)

Will accessory storage be necessary?  Yes  No

If so, where will it be? \_\_\_\_\_

Will the activity require any special tools or structure improvements? \_\_\_\_\_

Applicant agrees NO signage is allowed \_\_\_\_\_ (please initial you will comply)

In the space provided or on an attached sheet, please describe in detail your activity, including hours of operation, type of clientele, number of vehicles anticipated to visit the site in the average work day and any other changes that will affect the nature or appearance of the site.

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

The above is a true representation of the activity and the method of operation upon approval:

Applicant Signature: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Approved  Rejected      by Town Council Vote: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_ Signature: \_\_\_\_\_

Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_