

## APPLICATION FOR SPECIAL USE PERMIT

1.	Applicant Information							
	Name:							
	Address:							
	Telephone number:							
2.	Parcel Information							
	Address:							
	Zoning District:							
	Tax Map Number:							
	Current Use of Property:							
3.	Is the applicant the owner of the subject property?							
	□ Yes	If yes, please provide evidence of property ownership or intent to purchase (deed, purchase option, etc.)						
	□ No	If no, please attach written consent from owner, agreeing to the proposed special use. Indicate the name and address of the owner, as well as the relationship of the applicant to the owner.						

4.	Type of Special Use Permit Requested:									
5.	Does the proposed Special Permit Use comply with all zoning requirements?									
		Yes								
		No I	f not, a varia	ance is requ	nired from the	Zoning I	Board of Appeals			
6.	Attach an accurate scale drawing of the site and any adjacent property affected.									
	•	streets easemen property		<ul><li>drivev</li></ul>	ares and uses ways trian walks	•	off-street parking off-street loading landscaped areas			
7.	Does the existing or proposed use require a license or permit from another governmental agency?									
	☐ Yes If yes, please attach a copy of the current license(s) or permi									
		□ No								
8.	A fee	of \$50.0	00 is enclo	sed.						
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Signature of applicant:							_Date:			