

APPLICATION FOR SPECIAL USE PERMIT

TO: _____ (Name of body responsible)

FOR OFFICE USE ONLY

BY: _____
Name of Applicant

Case No. _____

Date Rec'd _____

Tax Parcel No. _____

Address of Applicant
(street and number)

Fee Rec'd (amt & date) _____

Receipt No. _____

Hearing Date _____

(city, state, zip code)

(Name of responsible body)

Telephone Numbers
(home and business)

Action _____

Date _____

Expiration Date _____

Please Note: All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets is _____.

I. ACTION REQUESTED

It is hereby requested that the Township of Kearney approve the issuance of a special use permit on the property described in II "Property Information" (below) which is located in zoning district _____ for the purpose of: (state proposed use of property) _____

A previous application for a variance, special use permit or rezoning on this land has/has not (choose one) been made with respect to these premises in the last _____ years. If a previous appeal, rezoning, or special use permit application was made, state the date, nature of action requested

decision (approved/denied) _____.

II. PROPERTY INFORMATION

A. Legal description of property affected: _____

Address of Property: _____

B. List of all deed restrictions (attach additional sheets if necessary)

C. Names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the land.

D. This area is _____ unplatted, _____ platted, _____ will be platted. If platted, name of plat _____

E. Attach a site plan drawn to the scale of _____ and all other information required by Article _____ Section _____ of the _____ Township Zoning Ordinance.

F. Present use of the property is _____

G. Estimated completion date of construction (if applicable): _____

III. STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

A. State specifically the reason for this special use permit request at this time _____

B. Statement of support for the request. Please justify your request for a special use permit below. The justification should address the following concerns:

1. The relationship of the special use permit restrictions (of Article _____ Section _____) to the particular special use proposed. Do they pose any unusual problems for compliance?

2. Relationship of the proposed use to development plans of Kearney Township.

3. Impacts on the adjacent property and neighborhood. In particular, first indicate what impacts of the proposed use on adjacent property are anticipated and second what steps will be taken to mitigate any negative impacts. Consider the following concerns:

a. Will the proposed use adversely affect the health, safety or enjoyment of property of persons residing or working in the neighborhood?

b. Will the proposed use be detrimental to the public welfare or injurious to property or improvements in the neighborhood?

IV. OTHER INFORMATION AS MAY BE REQUIRED BY THE ZONING ORDINANCE (insert here)

V. AFFIDAVIT

The undersigned affirms that he/she or we is (are) the _____ specify: owner, lessee, or other type of interest) involved in the application; and that if this request is granted, that in accord with Article _____ Section _____ of the _____ Township Zoning Ordinance actual construction in accordance with the plans herewith submitted will be begun within _____ months from the date of the granting of a special use permit, will be completed within _____ year(s) from said date, and that I or we am (are) able from a legal, financial and physical basis to do so; and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her, or our knowledge and belief.

Applicant Signature(s)

Date