

**APPLICATION FOR
SPECIAL USE PERMIT – CHANGE-OF-OWNER**

For Office Use Only

Date Filed: _____ Fee Amount Paid: \$ _____ Receipt #: _____

Original Special Use Permit Calendar No. _____

Change-of-Ownership Cal. No.: _____

Date of Published Notice: _____ Newspaper: _____

Name of Municipality Where Published: _____

Have complaints regarding this special use been filed with the City? _____

Action by Zoning Administrator or Zoning Board on Change-of-Ownership

Request: _____

DATA ON APPLICANT AND OWNER:

*Name of Applicant: _____

Address of Applicant: _____ Phone No.: _____

*Name of Property Owner: _____

Address of Property Owner: _____ Phone No.: _____

(*If the applicant is not the owner, a signed affidavit of authority must be provided at the time of application.)

ADDRESS, USE, ZONING AND DESCRIPTION OF PROPERTY:

Address and General Location of Property Subject to Existing Special Use Permit:

Briefly describe the existing special use of the property: _____

NAMES OF SURROUNDING PROPERTY OWNERS

Following are the names and addresses of surrounding property owners from the property in question for a distance of two-hundred-fifty (250) feet in all directions, and the number of feet occupied by all public roads, streets, alleys, and public ways have been excluded in computing

