APPLICATION FOR ZONING RELIEF SPECIAL PERMIT

1. CLASS OF RELIEF (Check □ ALL THAT APPLY).
   Special Permit
   □ 1. Telecommunications Facility (Describe Precisely) ____________________________________________
   □ 2. Motor Vehicle Junkyard (Describe Precisely) ________________________________________________
   □ 3. Other Matters (Describe Precisely) ________________________________________________________

2. STANDARD BEING APPEALED
   Cite the Section(s) of the Zoning Ordinance from which the relief is being sought.

3. PRECISE DESCRIPTION OF RELIEF SOUGHT
   Fill in ZONING AND SITE PLAN SUMMARY DATA TABLE of the DATA Sheet and Describe the Relief in Detail.

4. EXISTING CONDITIONS
   A-2 SURVEY NOT MORE THAN 2 YEARS OLD REQUIRED FOR YARD VARIANCES, A LOT SPLIT, ANY USE WHERE THERE IS A CHANGE IN USE CLASSIFICATION UNDER THE STATE BUILDING CODE (BOCA), OR ANY CONSTRUCTION COSTING MORE THAN $25,000.
   List existing Building(s) and Use(s) on the property and list the legal Basis for each using the list below.

   Building  | Basis  | Comment
   1.  
   2.  
   3.  

   ◆ Basis [Insert appropriate abbreviation]: PR-Permitted by Right; PS-Permitted by Special Exception; PV-Permitted by Previous Variance; CAL-Certificate of Approval of Location for Automotive Uses; NCU-Nonconforming Use at Effective Date of Ordinance or Amendment.

5. MATERIALS REQUIRED FOR FILING
   A. □ EIGHT (8) COPIES OF A SCALED PLOT PLAN with a North arrow, showing the lot, existing buildings and improvements, and buildings on abutting parcels within 25 feet of property lines.
      ▪ Proposed construction and use of outdoor areas.
      ▪ Proposed structures, driveways, parking layout, loading facilities, utilities.
      ▪ Improvements including signs, fences, walls, dumpsters, outdoor storage areas, outdoor lighting.
      ▪ If applicable, new property lines.
      ▪ Such other information as may be required to define clearly the zoning questions involved.
   B. □ SEVEN (7) COPIES OF SCALED FLOOR PLANS AND ELEVATIONS for each floor and each side of proposed construction, showing the use of all floor areas.
   C. □ BUSINESS OR COMMERCIAL USES shall furnish the days and hours of operation, number of employees, provisions for employee and customer parking, and business sign(s).

6. ZONING HISTORY AT THIS LOCATION [BZA File Numbers, Decision, Date, Proposal Description, Court Decision (if any)]

INSTRUCTIONS
1. Please fill in DATA and FORM or attach information to this application.
2. APPLICATIONS FOR RELIEF MAY BE DENIED IF REQUIRED MATERIALS ARE NOT SUBMITTED.
1. Project Address(es)  

☐ Check Here if Fee Exempt.  
☐ As-of Right  
☐ Zoning Relief  
☐ Development Permit  
☐ Flood Development Permit  
☐ Site Plan Review  
☐ CSPR  
☐ SESC  
☐ IW  
☐ Special Permit  
☐ Performance Bond  
☐ Building Permit  

A/K/A:  
Tax Map-Block-Parcel(s)  
Nearest Cross Street:  

2. Property Owner Information & Consent  

Name  
Firm  
Street Address  
City State ZIP  
Daytime Phone: ______________________________  
☐ Business ☐ Home ☐ Answering Service  
☐ Fax: ______________________________ ☐ Cell: ______________________________  
☐ E-Mail: ______________________________  

As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:  
1. I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and  
2. I certify that I am familiar with all of the information provided in this application, and  
3. I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and  
4. I certify that this project conforms to zoning or has applied for or been granted zoning relief.  
Dated: ______________________________, 20 ___  
Signature of PROPERTY OWNER  

3. Applicant Information & Certification  

☐ Check here if SAME AS OWNER (Fill in only if not same as Owner.)  
Name  
Firm  
Street Address  
City State ZIP  
Daytime Phone: ______________________________  
☐ Business ☐ Home ☐ Answering Service  
☐ Fax: ______________________________ ☐ Cell: ______________________________  
☐ E-Mail: ______________________________  

As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.  
Dated: ______________________________, 20 ___  
Signature of APPLICANT  

4. Authorized Agent Information  

☐ Check here if SAME AS OWNER (Fill in only if not same as Owner.)  
Name  
Firm  
Street Address  
City State ZIP  
Daytime Phone: ______________________________  
☐ Business ☐ Home ☐ Answering Service  
☐ Fax: ______________________________ ☐ Cell: ______________________________  
☐ E-Mail: ______________________________  

Check One: The AUTHORIZED AGENT for the attached Development Application is:  
☐ Lessee ☐ Attorney ☐ Architect ☐ Engineer ☐ Real Estate Agent ☐ Contractor ☐ Other-Specify  
As AUTHORIZED AGENT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.  
Dated: ______________________________, 20 ___  
Signature of AUTHORIZED AGENT