

APPLICATION FOR SPECIAL USE PERMIT

TO: Trowbridge Township Planning Commission

FOR OFFICE USE ONLY

BY: Name of Applicant, Address of Applicant (street and number), City, State, Zip Code, Telephone Numbers (home and business)

Case No., Date Rec'd, Tax Parcel No., Fee Rec'd (amt & date), Receipt No., Hearing Date, 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 Trowbridge Township Planning Commission 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, and the decision: date \_\_\_\_\_, action requested \_\_\_\_\_, and decision (approved/denied) \_\_\_\_\_.

II. PROPERTY INFORMATION

A. Legal description of property: \_\_\_\_\_

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 and all other information required by Chapter XII, Section 12.02 B(2) of the Trowbridge 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. A narrative description should address the following concerns:

1. The special use shall be designed, constructed, operated and maintained in a manner harmonious with the character of adjacent property and the surrounding area.
2. The special use shall not change the essential character of the surrounding area.
3. The special use shall not be hazardous to adjacent property or involve uses, activities, materials or equipment which will be detrimental to the health, safety or welfare of persons or property through the excessive production of traffic, noise, smoke, odor, fumes or glare.
4. The special use shall not place demands on public services and facilities in excess of current capacity.

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

V. AFFIDAVIT

The undersigned affirms that he/she (we) is (are) the \_\_\_\_\_ (specify owner, lessee, or other type of interest) involved in the application; and that if this request is granted in accord with Chapter XII of the Trowbridge Township Zoning Ordinance, actual construction will begin within \_\_\_\_\_ months from the date of the granting of a special use permit and will be completed within \_\_\_\_\_ years(s) from said date, and that I (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