

SPECIAL USE PERMIT REQUEST FORM

Special Use Permit Request Case No. _____

Permit Fee: _____

Date Paid: _____

Date Notice was Published: _____

Date of Public Hearing: _____

Affidavit Attached: _____

FLUSHING TOWNSHIP PLANNING COMMISSION SPECIAL USE PERMIT REQUEST

Required information from owner or person having interest in requesting Planning Commission (PC) review and opinion.

1. Name of applicant/owner requesting PC review and opinion.

A. Applicant

Name: _____

Address: _____

Phone: _____

B. Owner of property if different than above

Name: _____

Address: _____

Phone: _____

2. Location of Property:

Street number and name: _____

Property tax identification number: _____

Legal description of property involved: _____

List deed restrictions and easements: _____

Present zoning of property: _____

3. With all requests, a site plan must be submitted (see attached site plan form)

4. Answer the following questions of the affidavit:

a. What is the purpose of the request for a Special Use Permit?

ACKNOWLEDGEMENT AND CERTIFICATION: It is hereby acknowledged that the applicant(s) has fully read and completed the above application. It is also understood that in case of cancellation or failure of the owner or his representative to appear at the hearing, I understand that all fees will be forfeited.

Signature of Applicant

Signature of Owner
(If different than applicant)

PLANNING COMMISSION:

The Planning Commission (PC) having reviewed the submitted data do hereby:

() APPROVE () DISAPPROVE the application for the following reasons: _____

If approved, are there conditions? _____

Date: _____

Chairperson