

APPLICANT NAME: _____

Mailing Address: _____

Street

City State Zip

Telephone: (_____) _____

PROPERTY OWNER: _____

Mailing Address: _____

Street

City State Zip

Telephone: (_____) _____

Location of Special Exception requested: _____

Name of Business: _____ Current Use: _____

Please explain nature, extent, scope and purpose of proposed use: _____

Applicant Signature: _____ Date: _____

PLEASE NOTE:

IF APPLICANT IS **NOT** THE OWNER OF THE PARCEL OF LAND FOR WHICH THIS SPECIAL EXCEPTION USE APPLICATION IS FILED, AN AFFIDAVIT BY THE OWNER OR OWNER'S REPRESENTATIVE MUST BE FILED WITH THIS APPLICATION. THE OWNER'S AFFIDAVIT MUST ACKNOWLEDGE THE ABOVE SIGNED APPLICANT, THE USE FOR WHICH THE SPECIAL EXCEPTION USE IS BEING FILED AND THE SPECIFIC LOCATION OF THE PROPOSED ACTIVITY.

BELOW TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT DEPARTMENT

Special Exception Application Fee = **\$550.00 per exception** Date Paid: ____/____/____ Received By: _____

Please check type of SEU permit applied for:

Alcoholic/Nightclub Use Bingo/Assembly Hall Use After Hours Use Other: _____

TOTAL PAID \$ _____

Planning & Zoning Board Meeting: ____/____/____ Recommendation: Approve Deny

Identify any conditions and/or stipulations recommended or basis for denial: _____

City Commission Meeting: ____/____/____ Action Taken: Approve Deny

Identify any conditions and/or stipulations recommended or basis for denial: _____

