

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_