

APPLICATION NUMBER



SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: _____

Business Address: _____

Business Telephone Number: _____

Business Email: _____

APPLICANT AND CONTACT INFORMATION

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

Applicant Mobile Telephone Number _____

Applicant Email address: _____

**FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD
RECEIVE COPIES OF NOTICES /CORRESPONDENCE**

Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

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Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

Business Description (Please list all activities conducted at your business):

Date the business opened or is expected to be opened: _____

The Days and Hours of operation for the business:

**LIST NEXT TO EACH DAY, THE HOURS
YOU WILL BE OPEN**

**LIST NEXT TO EACH DAY THE
OF EMPLOYEES ON DUTY**

Sunday	_____ to _____	_____
Monday	_____ to _____	_____
Tuesday	_____ to _____	_____
Wednesday	_____ to _____	_____
Thursday	_____ to _____	_____
Friday	_____ to _____	_____
Saturday	_____ to _____	_____

How many persons will the proposed business employ?

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List the job titles and approximate salaries for the proposed employees?

Square footage of building space to be occupied by the business : _____

INFORMATION ABOUT THE SITE

Property Owner Name: _____

Property Owner Street Address: _____

City, State & Zip Code: _____

Telephone #: _____ Email _____

STANDARDS FOR APPROVAL
THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY

Describe how your business will affect the residents who live close by: _____

Describe how this business/use will affect neighboring businesses:

What site characteristics make this location suitable for your use/ business:

How will this use/ business affect the community economically?

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: _____

Describe what security measures your business will require: _____

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: _____

Describe any activity in your business that will use water other than normal washing and toilet use _____

Describe any activity in your business that will utilize City park facilities: _____

Describe any activity in your business that will generate noise, light or vibration: _____

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Describe transit, automobile or pedestrian traffic that your business will create in the area:

Describe any activity in your business that will involve alcohol, music or live entertainment:

Describe any other aspects of your business about which you feel that the reviewer should know:

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan
2. Floor Plan
3. Inventory of Fixtures and Equipment
4. Legal Description
5. Certified Mailing list with two (2) sets of labels for all property owners within 300 feet of the site.
6. Copy of Lease (For Applicants who are renting)
7. Copy of Deed or Contract to Purchase (For Applicant who own or intends to own)
8. Letter from property owner authorizing you to apply for a special exception.

NOTE: STAFF MAY REQUIRE ADDITIONAL INFORMATION.