

Case	No <u>.</u>		-
Date:			-

## SPECIAL USE PERMIT APPLICATION

Application fee: \$50.00 (non-refundable)

By virtue of this application, the undersigned owner(s) hereby request Special Use approval for the subject property as described below.

1.	Owner's Name:		Pnone:	
	Address:	City/State/Zip	:	_
	Owner's email:			
2.	Owner's Agent:			
	Address:	City/State/Zip	:	
	Agent's email:			
3.	Legal description of subject property:	(City Lot #):		
	(Address):			
4.	Area under consideration for a Specia	al Use:	;	acres.
5.	Existing zoning:			
6.	Existing use:			
	Proposed use:			
7.	Supporting Information: The owner/a	gent must:		

- A. Four (4) copies of a plan of the of the proposed development for special use showing the location of all buildings, parking and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards, schedule of development, and such other information as may be required to determine if the proposed rezoning meets the intent and requirements of this ordinance. See Chapter 1294 of the Zoning Ordinance of Miamisburg, Ohio. In addition to the four (4) hardcopies submitted, also provide an electronic copy to the plans reviewer.
- B. Project Narrative Statement describing, in detail, the proposed development and use of the property. Include operational details such as hours of operation, employee count, traffic patterns, delivery schedules, breakdown of interior spaces, and any other pertinent information necessary to fully understand the scope of the business.

C.	property whose consent is required to authorize the processing of this application.							
	NAME (please print)	ADF	RESS					
					_			
					<u>-</u>			
D.	Attach a list of names and add property.	dresses of <u>all</u> prope	erty owners wi	thin <u><b>200'</b></u> of the su	ıbject			
NOTE:	The Fee (\$50.00) for this application is non refundable.							
information p grants to tho	e) and/or the owner's agent certify provided as exhibits herewith, is one pose public officials/staff responsib subject property.	correct. The owner	r(s) also by vir	tue of this reques	t			
Signature of	Agent:		Date:		_			
Signature of	Owner:		Date:		_			
Sworn to and	d subscribed before me this	day of		, 20				
	-	Notary Public			_			
=			=		= =			
Fee:								
Received by:	:							
Action by Pla	anning Commission:				_			

**Development / Planning / Inspection Departments** 20 E. Central Ave. • Miamisburg, Ohio 45342 937-847-6532 • FAX 937-847-6662