



Case No. _____
Date: _____

## SPECIAL USE PERMIT APPLICATION

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: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
2. Owner's Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
3. Legal description of subject property: (City Lot #): \_\_\_\_\_  
 (Address): \_\_\_\_\_
4. Area under consideration for a Special Use: \_\_\_\_\_ acres.
5. Existing zoning: \_\_\_\_\_
6. Existing use: \_\_\_\_\_  
 Proposed use: \_\_\_\_\_
7. Supporting Information: The owner/agent must:

- A. Eight (8) 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.
- B. List all those persons (including current addresses) having an interest in the subject property whose consent is required to authorize the processing of this application.

NAME (please print)	ADDRESS
_____	_____
_____	_____
_____	_____

C. Attach a list of names and addresses of **all** property owners within **200'** of the subject property.

NOTE: The Fee (\$50.00) for this application is non refundable.

The owner(s) and/or the owner's agent certify that the information contained herein, and any information provided as exhibits herewith, is correct. The owner(s) also by virtue of this request grants to those public officials/staff responsible for the review of this application, permission to inspect the subject property.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**FOR OFFICE USE ONLY**

Fee: \_\_\_\_\_

Received by: \_\_\_\_\_

Action by Planning Commission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_